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ABSTRACT

Presented in the fourth volume in a series are a discussion of critical issues related to child variance and predictions for how society will perceive and respond to child variance in the future. Reviewed in an introductory chapter are the contents of the first three volumes which deal with conceptual models, interventions, and service delivery systems. A chapter entitled "The New Multirealist" explores such concepts as divergent views of reality, authentic being and the normal man, and theoretical concepts of intervention. Included in a chapter on "Counterinstitutions" are discussions of free clinics, alternative schools and radical mental health care. Final chapters contain a summary of concepts examined throughout the book and predictions for trends such as an erosion of the belief in "normality" as used in the area of child variance. (LS)

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ED1163388

# A STUDY OF CHILD VARIANCE

## VOLUME 4: THE FUTURE

## Conceptual Project in Emotional Disturbance

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**WILLIAM C. RHODES**

THE UNIVERSITY OF MICHIGAN, ANN ARBOR, MICHIGAN 1975

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION AND RELATED DISABILITIES

2

# A STUDY OF CHILD VARIANCE

## VOL. 4: THE FUTURE


**William C. Rhodes**

**With The Assistance Of:**

Mark Sagor
Sabin Head
Edward Hoffman
Daniel Pekarsky


**Conceptual Project In Emotional Disturbance**

**1975**


INSTITUTE FOR THE STUDY OF
MENTAL RETARDATION AND RELATED DISABILITIES
THE UNIVERSITY OF MICHIGAN ANN ARBOR, MICHIGAN


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A panel of reviewers met in September, 1974, to review this volume. Their suggestions and criticisms prompted us to substantially revise the original document. Our panel included.

Dr. William C. Morse, University of Michigan
Dr. Herbert Quay, University of Miami
Dr. A. J. Pappanikou, University of Connecticut
Dr. Paul Graubard, Yeshiva University

We also wish to thank the numerous members of our Primary Audience who sent us invaluable feedback on the first version of *Volume IV*.

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# I. THE CHILD VARIANCE STUDIES

The present volume represents the fruits of the fourth stage of the Conceptual Project's research. In its first three stages, the Project has investigated various dimensions of the predicament of the variant child. Attention has been focused on attempts to describe and explain child variance (*Volume I: Conceptual Models*), on strategies of intervention into the problems of child variance (*Volume II: Interventions*), and on the actual social systems which deliver service (in the form of interventions) in the area of child variance (*Volume III: Service Delivery Systems*). In the present volume, the materials presented in earlier volumes will be put to use in the service of a different task. Attention will be directed toward the future of child care: the attempt is made to predict and to speculate about the way our society will perceive and respond to child variance in the years to come. To facilitate this effort, materials developed at earlier stages in this volume are reorganized and juxtaposed to highlight the critical issues and choices that lie before us. Before describing the content of this volume, it will be helpful to summarize briefly the earlier work of the Project; for it is out of this earlier work that the idea for this volume emerged.

Stage I: *Volume I: Conceptual Models*

The phenomenon of human variance has stimulated many attempts to describe and explain it. Residues of these attempts include a number of theories and theory fragments. The Project began with the premise that the many extant theories and theory fragments "can be grouped into explanatory systems which are logically related ideas and observations about disturbance [*Volume I*, p.15]." In its first phase, the Project sought to describe these theoretical frameworks and to consider their interpretations of child variance.

A set of criteria was formulated for defining the differences between theoretical frameworks and for determining which theories and theory fragments fall together within the same theoretical framework.

1. Related theories should employ the same basic methodology for any explorations and constructions.

2. Related theories should share a common orientation outlook in examining and explaining human behavior.

3. Related theories should acknowledge a controlling preemptory principle of behavioral genesis.

4. Related theories should agree regarding basic ameliorating approaches.

5. Each should have a common ambiance within its cluster group.

With the help of these criteria, five theoretical models were distinguished: behavioral theory; psychodynamic theory; biophysical theory; sociological theory; and ecological theory. Each of these models "purports to be a representation of the causes, dimensions, and explanations of all human behavior [*Volume I*, p.23]." Each presents an image of man, an image that includes man-in-distress. "There is not a single model which has not included disturbance explicitly as one of the states of human existence which it must explain [*Volume I*, p.24]." "In each case, the theories attempt to encompass the fact of painful disjunction in a behavior-environment exchange pattern [*Volume I*, p.22]."

Reports in *Volume I* present, for each theoretical framework, an interpretation of the "behavior-environment exchange pattern" and of disruptions in this pattern. As the introduction to *Volume I* suggests:

> The basic patterning nature of human-environment exchanges and the taraxis or pain which reverberates throughout the pattern when exchanges are aborted or disrupted will be the central theme of this report [p.23].

Although such disruptions are acknowledged and interpreted by all of the theoretical models considered in *Volume I*,

they are conceptualized in very different ways within different theoretical frameworks:

> The disability definition of emotional disturbance is suggested in many of the psychodynamic and biogenic theories. The deviation definition is explored in many of the sociological and anthropological explanatory systems. The alienation definition is developed by many of the ecologists and countertheorists Each speaks of a human system in distress. Each speaks of a negative state and negative consequence to the system, and each suggests a method of relief within the system [p.22].

The reports included in *Volume I* are profitably read as a concretization of the remarks included in this quotation.

Stage 2: *Volume II: Interventions*

Whereas the theory volume examined theoretical models which permit alternative conceptualizations and interpretations of "a variant reciprocity between the child and his world [*Volume II*, p.27]," the second volume produced by the Conceptual Project dealt with intervention, that is, with techniques used to undo this variant reciprocity. Intervention is defined as action taken to alter the child's variant experience of the world. As the introduction to *Volume II* puts it:

> ...any directed action upon the deviance predicament between the child and community is an intervention. Events, persons, space and time are all bound together in the deviance predicament; and any extraneous action entering between these components to change the predicament is an intervention [p.28].

Intervention is regarded as an energy input that upsets the atypical and problematic pattern of energy exchange between the variant individual and his environment. It is

> ...an input that is added to an ongoing energy field as an increment which makes a difference in the stabilized energy exchange between individual and environment. As an extraneous energy source it comes from the outside to enter between events and occurrences to affect, modify, or prevent the current deviance action pattern. It is something different which interrupts fixed energy patternings between individuals and community, and allows for regrouping and repatterning of such an energy complex. As related to continuity, it is an interruption. As related to environment, it is interposition. As related to instrumentality, it is mediation [pp.28-29].

The relationships between the theories of variance described in *Volume I* and intervention strategies are complex. Intervention strategies associated with a particular theoretical model are not strictly deducible from the model, and adherents to different models may lay claim to intervention methods which on the surface appear the same. On the other hand, the goals of intervention strategies are only understandable in the light of an operative conceptual framework. For this reason, it is suggested in *Volume II*:

> It is not enough to present a simple compendium or catalogue of major intervention methods, practices, and techniques ...In an intervention, ideas, actions, and outcomes are all tied together and greatly affect each other...In an intervention, the conceptual framework directs and channels the action, by providing an analysis of the nature of the problem which dictates intervention, and by suggesting the outcome toward which the intervention is directed [p.23].

Partly for the sake of unity, investigation of intervention strategies proceeded within the same categories utilized

in *Volume I*. Clusters of intervention techniques were grouped under the following headings: biophysical, behavioral, psychodynamic, sociological, and ecological. Because both sociological and ecological approaches to intervention rely heavily on environmental interventions, in *Volume II* they were handled within a single report.

*Volume II* provides descriptions of the intervention methods associated with each category. Guiding assumptions are elucidated, variance predicaments are interpreted, and responses to these predicaments are described and, to some extent, appraised.

Stage 3: *Volume III: Service Delivery Systems*

In *Volume III*, the Conceptual Project attempted to answer the questions: What resources does our society expend on variant children? What is the social organization of caring? A number of decisions were made to simplify this complex task. We first distinguished between different care giving systems, and conducted independent research relating to each of the systems. The systems distinguished were: a) the education system; b) the social welfare system; c) the mental health system; d) the legal-correctional system; and e) the religious, or sectarian, system.

The second decision was to specify the kinds of information that would adequately describe the internal organization of the system and its relationship to persons, groups, and external organizations. Categories of investigation included authority structures, power and influence structures, ideology, legitimation of the interveners designated by the system, client flow and information flow within the system, and interaction with other systems. Investigation of the various systems proceeded within these categories; the results of this investigation are included in the "structure papers" of *Volume III*.

A third decision led to the inclusion of an additional set of papers in *Volume III*, to consider the contemporary organization of the national caring effort against the background of its historical development. It was hoped that a study of the social circumstances attending the development

and elaboration of each system would add to our understanding of contemporary arrangements and might suggest cycles and long-range trends in the development of these systems and, more generally, in the culture's attitude toward variant children. Discoveries of this kind would be particularly helpful in making predictions about the future and in attempting to redirect the energies of the systems described. As a result, *Volume III* also includes reports on the history of each system. The hopes and expectations which led to them were to a great extent realized in these papers.

Systems grow up in response to experienced communal needs, which are expressed through agencies. In order to get a clearer picture of the way in which agencies are embedded in communal needs, it was necessary for the Project to take an additional step. A representative city was chosen as a 'specimen community,' illustrating, in concrete form, the interlock of agencies, and operational patterns employed by all communities to respond to their deviance predicament. The agencies comprising the educational, social services, juvenile correctional and mental health systems of that specimen community were studied. In *Volume III*, there is a description of each agency, as well as a chart illustrating the service delivery pathway for each system.

Thus, in *Volume III*, systems delivering care to children are located in the contemporary social, political, moral, and intellectual spaces as well as in time, that is, in relation to their forerunners.

The relations between the systems delivering service to children and the theories and intervention methods discussed in *Volumes I* and *II* are complex, and are to some extent dealt with in *Volume III*. Although these systems bear the marks of particular theoretical outlooks and intervention methods, they are the evolutionary product of many other influences as well. Systems did not grow up merely to render theories and intervention strategies incarnate, but in response to experienced communal needs. Children viewed as variant are regarded as a threat to themselves or to others; they must be cared for. In order for organizations to develop around such a purpose, the collective sentiment of the community

must be aroused and mobilized. It is only in these circumstances that thought is given to competing theoretical models and intervention strategies. Moreover, the selection of intervention methods is to a great extent determined by such factors as the resources of the community, its existing brick-and-mortar structures, and its own concerns. Theories and intervention strategies that the community adopts may eventuate in specialized social forms and physical plants which will survive the community's interest in this form of intervention and in this particular target population. Later, they will be incorporated into efforts to meet new concerns. That is, theories and intervention methods leave their mark on a system long after they have ceased to be operative in the community; and the representatives of new treatment traditions must contend and make do with legacies left by those whom they replace.

The Gathering Forces of Antithesis

The theories, intervention strategies and service delivery systems considered above are aspects of mainstream American thought and practice concerning human variance. From the very beginning of the Project, we were aware of an emergent force challenging this mainstream thought and practice. In the theory phase of the Project, we were confronted with an interesting group of books and articles by authors who were attacking theory in different ways; but together, they represented a counterforce both to the specific prevailing theories from which they had evolved and to theories in general. They turned theory away from the target individuals toward which it had been aimed and used it to expose the society that created it, as Franz Fanon (1968) did, in his analysis of white colonialism. Sometimes they rejected theory, as did Szasz (1970), who saw the model of psychopathology as a misrepresentation of human problems in living. Sometimes they carried the theoretical model to its logical conclusion and startled us with the new implications, as did Marcuse (1955), in his rereading of Freud.

These voices raised questions about the political uses of theory by the dominant culture, where, as they saw it, theory was used to victimize and control individuals who belonged to subordinate minorities, or who rebelled against

the common convention. This was true of social deviance theorists such as Becker (1963) and Scheff (1966). Other voices analyzed the psychological uses of theory by the society, where unacceptable impulses were imputed to target individuals who were used as vessels into which the socially unacceptable impulses of all members of the society were emptied in the age-old process of scapegoating. Kvaraceus (1959) did this in relation to delinquency, Menninger (1968) did this in relation to criminality, and Foucault (1973) did this in relation to madness. Finally, almost all of these voices raised serious questions about the nature of reality assumed by theories of deviance, disturbance or disability. Proponents of theories assumed a unidimensional reality--one existent, objective, outside world, apart from individuals and their perceptual and conceptual creation of the world. They could not accept the possibility that the world they agreed upon was a social construction, a way of perceiving, organizing and projecting events and objects which they were collectively taught to see and believe; they assumed a single, factual, objective, unassailable reality. Even though their subjective experiences of themselves and their world may have frequently contradicted the social construction of reality, they denied their experiences and bought the social construction.

Underlying all critiques of existing theories, was the implication that theories and theoretical models were being presented as though they were sophisticated end products of reality. In our first volume of *A Study of Child Variance* we called these antithetical voices "countertheory."

In the work of the Project, particularly in the first stage, in which we were trying to take bits and pieces of theory and organize them in some logical fashion, we recognized these two sets of voices as being in contention with each other. We saw that the years of accumulated theoretical literature in the child pathology field represented one fairly unified camp or version, and that the newer voices of discontent with that unified version represented some type of radical break with that convention. So we lumped these confronting voices into "theory" and "countertheory."

On the theory side were the conventional models used to deal with child pathology: psychodynamic theory, behavioral theory, ecological theory, sociological theory, and biophysical theory. On the countertheory side were voices such as Szasz (1970), Laing (1964), Fanon (1968), Illich (1971), Holt (1964), Kozol (1967), Keen (1970), Marin (1972), Brown (1973), Marcuse (1955), etc.

When we moved into the next stage of the Project, in which we looked at interventions, or treatments and reeducation methods which followed from theoretical models, we carried on the same division: a theory group and a countertheory group.

But, by this time in our studies of child variance, we began to be aware that a new force was asserting itself in the various services concerned with human caretaking. Until this phase in the Project, we were convinced that human caregiving was constantly developing in sequential fashion. We saw the competing theories and research as continually progressing and evolving. While it was true that the proliferation of different theories was confusing, we could view this as a phase in the growth of human sciences. We compared the human sciences to a much earlier period in the development of some of the natural sciences, such as the biological sciences. These, too, went through a period of wild proliferation of theories. Finally, these theories began to move beyond the period of expansion and confusion into a period of consolidation and unification. And so, we conceived the progress of child theory and child treatment to be moving along similar tracks.

However, the area that we had called "countertheory" began to assume a greater importance. It began to look like more than just a temporary aberration of multiple provocative digressions from the main track of cumulative development of child care knowledge and technique. A new counterforce seemed to have come into existence in the area of human behavior and child care; it was part of a larger social and psychological force in the world, calling into question the single, objective reality represented in the existing theories and practices.

In our second volume, on child interventions, we still treated the countertheory area as a minor chord. There were six sections in our volume, and only one section was given over to countertheory as applied to intervention with children. Nevertheless, in this stage of the Project, the distinction between the thesis and antithesis perspectives on human care was striking, and the antithesis strain began to play an increasingly significant part in the Project.

During the preparation of the third volume, dealing with the service delivery systems of education, mental health, corrections, etc., the public and professional dialogue had grown so loud that it had to be accorded a more serious hearing.

Our more or less integrated view of human care and caregiving was beginning to crumble around the edges. Out of this loosening mass, dynamic and divergent energies were generated and were spilling out all over the human landscape, to make caring a central issue in the recently altered views of society.

These new views and new energy sources are not yet a clearly articulated alternative to dominant concepts of society's manner of viewing and practicing human care. However, there does seem to be some common agreement on the way in which they take exception to prevailing concepts and practices of social care. They seem to move in common directions or take common sightings as they go into unexplored terrains of human and societal capacities for caring.

Such new concepts and ideas come at a moment in history in which society seems to be a seething cauldron of forces and counterforces. In the area of public care giving, violent convulsions in schools, correctional facilities, mental hospitals, etc., are like the tremors of an active volcano which is about to erupt. Representive of such activities are news accounts of take-over and tyranny being exercised by girls in an adolescent mental health treatment center in the New York inner city. There are also repeated reports of confrontations and revolts in correctional facilities across the country. We hear that pupils in many inner city high

schools in Detroit, Chicago, and New York are waging street gang battles in school buildings. We learn about burning of school buses by anti-busing groups in Michigan and the banning of modern texts dealing with current social and sexual issues in Charleston, West Virginia.

Both the activist eruptions and the ideological polarities revolving around the public enterprise of care giving seem to be only a minor part of a larger phenomenon taking place in the current era. Breathtaking new views of society and human community are beginning to emerge out of the shaken unity of dominant beliefs about our relationship to the world. A new human antithesis seems to be arising out of the fire and smoldering ruins of the thesis beliefs which came under attack in the 1960's.

The ideological issues addressed in this volume, although focused upon the problem of public caretaking, are arising from a much larger arena of concern. The question of the place of caring in the human enterprise has taken on new urgency. Caring for oneself and others is becoming a key theme in the new dialogue. The dialectic associated with this theme will probably increase in intensity in the future.

Therefore, it seems important that the issues be spelled out more clearly so that we can have a better understanding of the field of forces on which we are operating. That, and the matter of trying to predict the future of care giving, are the major purposes of this volume.

## II. THE NEW MULTIREALIST

Divergent Views of Reality

A man undergoes a thirteen year long period of strange experiences in which he moves in and out of the dominant reality which he has been taught. During this period he experiences people who are not there, people who turn into coyotes or moths, who are in two places at one time. At one point he finds himself turning into a bird and flying over the desert. Strange powers are used against him. He discovers that he too has powers that can be used to counteract evil forces brought against him to destroy him.

This man develops an elaborate ideational system within which he casts these extrasensory and paranormal experiences. Although he has frequent periods in which he doubts the reality of his own strange experiences, he tries to apply this ideational system as a form of truth which he expects others to accept.

Finally, at the end of fourteen years of such circumstances, he acknowledges this weird double life that he has lived as real and comes to terms with the paranormal reality as a permanent part of himself. He becomes a sorcerer.

What do mental health theories have to say about such a man and his experiences? What does education have to say about this fourteen year process, which he calls an apprenticeship? What might a psychiatrist or psychologist, acting as an agent of society, recommend for such a man?

The answers would have seemed very clear-cut just a few years ago. There might have been private doubts in the minds of a few human scientists or human professionals, but, in general, there would have been general consensual validation, or observer agreement, on the broad outlines of the palpable reality violated by this man. He was either unbalanced, or engaged in a great hoax.

But somehow, in the sixties and seventies that unified certainty was shaken. The man who went through and reported

on those strange ideational, sensory, and perceptual experiences was awarded a doctoral degree from the University of California at Los Angeles, for his fieldwork as a sorcerer's apprentice. His books on these experiences have been best sellers.

The controversy raised by the work of Carlos Castenada is part of a larger controversy. Cravens, in *Harper's Magazine*, September, 1974, notes that Robert Ornstein, who is conducting studies on the conscious functions of the brain, discusses the Castenada phenomenon in the following way:

> In many related areas of thought, such as philosophy, psychology, physics, and medicine, the dominant concepts of the past fifty years are beginning to break down at the edges...Castenada's extraordinary contribution--is to extend this process to cross-cultural studies, and he excels in demonstrating the difficulties for Western Man in entering other orders of reality [p.43].

This is a departure from the consensual order of the uniform reality which prevailed so long in our society. New realities are now being entered more and more by educators, social scientists, medical scientists, lawyers, etc. They are, for instance, seriously questioning the presentation of reality in dominant theories which guide our thought and practice in human care. Many among them are becoming suspicious of theorizing altogether.

A new breed of realists are beginning to decry the formal hardening of these attitudes into fixed sociobehavioral theories. They believe that an overriding aura of discovered truth goes with theories, and that their creators and followers embrace them as final solutions to the human condition and close off within themselves and others the discovery of wide ranges of human dimensions which occur outside these ideational molds. Furthermore, these frameworks elevate reason to a pinnacle position. The problem is not too much, but too little identification with the full self and its ongoing

flow of passions. We constantly stand aloof from ourselves and do violence to our full being in the world. We are always oriented to the future, and each time it arrives, we reject the moment and reach for a new future.

Practical, deliberative rationality, as an ethic, thus transforms life into an ongoing journey of becoming which never allows being. By teaching children to see themselves as a moving train, always going someplace, but never arriving, we alienate them from themselves and rob them of the moment to moment experience of their immediate world. From the perspective of the growing group of antithesists to this position, those who might be called the New Realists, this is a denial of the world as it is.

Why, says this emergent new breed of multirealists, should we identify Being with Reason? The idea that man's real, true, or higher self is the rational element within him involves a radical devaluation of other dimensions of being human; it encourages us to teach children self-denial as the price of a narrow and often empty self-affirmation.

In addition, antithesists regard as presumptuous and unwarranted the implied assumption in this and other thesist attitudes that conceptual or theoretical approaches to experience are the only path to 'knowledge.' Antithesists refuse the identification of knowledge with rational knowledge, urging that there are other, more important modes of apprehending the world. They believe that we must go back into the child's world to try to recapture some of these extinguished modes of apprehending. Our central problem, antithesists urge, is the need to recover the unity of the person, to restore the wholeness of experience. Contemporary theories, on the other hand, serve to validate fragmented experience as a condition of achieving whatever unification they propose. In psychology, such distinctions among superego, ego and id; among mind, body, and emotions; between behavior and drives, serve to shatter the human being into many discrete parts, and encourage him to look upon himself as a jigsaw puzzle rather than a whole being.

The reality of a child--variant or otherwise--is not reducible to the various categories that apply to him; thus, to call a child psychotic, brain-damaged, autistic, or retarded is not really to know him as the subtle being that he is. From this antithesis standpoint, knowledge that is founded on the detached observation of the child as 'other,' with an eye toward locating him within an established conceptual framework is, at most, a distortion. Real understanding arises in and from the unmediated relationship between two persons, a relationship in which the would-be knower gives himself as a whole being rather than an observer. The attempt at understanding is fulfilled in a precious awareness of the reality that the other presents. There is a world of difference between allowing the child to reveal himself to me as my being is revealed to him, and assuming, *a priori*, that his experience must fit neatly within the conceptual framework that I bring to bear on him.

Theory is not interested in the uniqueness of the child. On the contrary, theory does away with the unique by subsuming it, at a price, under general categories.

The new breed of multirealists hold that every child is a unique, freely self-determining other, and is not, without the gravest distortion, reducible to one's own categories. To the extent that theory presupposes and encourages the bracketing and nonapprehension of the child as the creator of his existence, it is abandoned by antithesists.

Theory is an instrument of control. It provides a basis for naming, for categorizing. Stripped of categories, experienced in their particularity, objects and human beings present themselves to us in their own way--unpredictably, perhaps arbitrarily, they may call forth joy, they may call forth terror, or they may call forth nausea. The thesis position abhors such revelations. Experience is dangerous; control and categorization is necessary. Our archetypes of presocialized man find their expression in such books as *Lord of the Flies* (Golding, 1954): brutal savagery, a lust for evil and destruction, raw passion and self assertion that know no bounds and trample everything underfoot. Such a view licenses, indeed, makes imperative, the ethic of control; if it

is correct, all our resources must be mobilized in the service of containing or warding off chaos that threatens to engulf and destroy us.

David Wilkerson is a man who did not accept the *Lord of the Flies* archetype. He reports, for instance, that one night he was alone praying in his study in his parsonage in Philipsburg, Pennsylvania. His eyes fell upon an open copy of *Life* magazine and was caught by the faces in a pen drawing of a trial taking place in New York City, 350 miles away. He had never been there. The story accompanying the picture was about how members of a gang called the Dragons had gone into Highbridge Park in New York and brutally attacked and killed a fifteen year old polio victim named Michael Farmer. The seven boys stabbed Michael seven times in the back, then beat him over the head with garrison belts. They left him bleeding, and wiping blood through their hair they said, "We messed him up good."

Reverend Wilkerson was revolted by the story:

> That's why I was dumfounded by a thought that sprang suddenly into my head--full blown, as though it had come into me from somewhere else. Go to New York City and help those boys. I laughed out loud. Me? Go to New York? A country preacher barge into a situation he knows less than nothing about? Go to New York City and help those boys. The thought was still there, vivid as ever, apparently completely independent of my own feelings and ideas [1963, p.7].

Reverend Wilkerson did go to New York City and the account of his experiences with 'delinquent' gangs is a controversial saga. In his book, he claims amazing "Road to Damascus" type transformations in the children to whom he commits his life. Nicky, for instance, a young Puerto Rican, was Vice President and Sergeant at Arms of the Mau Mau gang. Shortly before he came under the influences of David Wilkerson, his mother and father decided to get out of New York

and go back to Puerto Rico. His brother and he went to the airport to say goodbye to them. On the way back from the airport Nick's brother gave him a 32 pistol and told him he was on his own. He was sixteen years old. From then until he was eighteen he lived by holding up people for money or something to live on.

> During the day it was all right. I was with the gang. Whatever the President and I told them to do they would do. But at night when I had to go into that room it was terrible...[1963, p.88].

His life continued this way until he was eighteen, in July 1958. That month the Dragons from a nearby housing project killed one of his gang. Nicky and his gang were on their way to kill a Dragon member, because, "That's gang law: if one Mau Mau dies, one Dragon dies."

As he and his gang were walking down the street he saw a commotion ahead of him. The police were trying to arrest Reverend Wilkerson for preaching on the street and creating a disturbance. As Nicky came up to him the police were driving away, having agreed to allow the street meeting to continue. There was an American flag flying and Reverend Wilkerson got up on a chair and addressed the crowd. Nicky tried to get his gang to move on. In his own words, he reports:

> Not one of them moved. It was the first time they didn't follow me. Then I got scared and I called that preacher every filthy name I knew. He paid no attention, just kept on talking, a long time.
>
> And, the next thing you knew the President of the Chaplains flopped down on his knees, right on Edward Street, and started crying. The Vice President and two War Lords got down beside him and they cried ...But then this preacher come up to Israel---He was President of the Mau Maus ---and starts shaking his hand. I figured

> he was trying to bust us up and I went up and shoved the preacher. Israel stared at me like he'd never seen me before.
>
> So that preacher heads for me. 'Nicky,' he says, 'I love you.'
>
> No one in my life ever told me that. I didn't know what to do. 'You come near me preacher,' I said, 'I'll kill you!' And I meant it. Well, Israel and the preacher talked some more, but at last he left and I thought it was over. Only we never went after the Dragons [1963, pp.88-89].

Many multirealists see the end of the Control Era as the beginning of the Human Era: not chaos, but discovery of the Self and of the Other await us on the other side of the nightmare of Western history. It is into this life that we must induct the child. We must help him discover that each of us brings into the world unique potentialities for experience, and that the life task, the responsibility of each of us who would develop himself, is to discover these potentialities and to realize them in our existence. Abraham Maslow expresses it:

> If we accept the notion of the human essence or the core-self, i.e., the constitutional temperamental biological, chemical, endocrinological, given raw material, if we do accept the fact that babies come into the world very different from each other...then the job of any helper, and furthermore the first job of each of us for ourselves, is to uncover and discover what we ourselves are [1968, pp.688-689].

To treat a child as a particular case of a general category, to recognize him only as a participant in a 'syndrome,' is to deny his human reality, his own agency in determining

his life. It is to deny him the "I am what I am" which is the destiny of every person to an object, namely, that he is an agent who determines his own being. The antithesists, on the other hand, begin with this fact, and refuse all theories that do not allow a place for it. The primacy of the human subject in determining and in defining the significance of his acts is taken for granted by antithesists. Theoretical invalidation of another person's experience rests, in the last analysis, not on superior knowledge, but on power.

Authentic Being and the Normal Man

'Reality' is as various as the modes of experience of which men are capable. 'Normalcy' identifies that particular mode of experience that society has adopted as its own, and into which it inducts its children. Self and world, as understood within the dominant mode of experience, constitute reality as common sense understands it; alternative modes of experience are taken not as paths to different realities but to the unreal. Thus, children who experience the world in variant ways are regarded as "out of touch." To say that the child is out of touch with reality is to say that he does not apprehend the world the way we do, and that our mode of apprehending is correct while his is not.

In writing about his strange experiences under the apprenticeship of Don Juan, Carlos Castenada reports many paranormal acts performed by Don Juan and another sorcerer, Don Genaro. Each time Castenada goes through these experiences he tries very hard to account for them in terms of his old reality. In one such instance, in which Don Juan appears to count the same leaf repeatedly falling from a tree and Don Genaro appears to be jumping from impossible heights on a mountain top, Castenada asks Don Juan for an explanation:

> Your problem is that you want to understand everything, and that is not possible. If you insist on understanding you are not considering your entire lot as a human being...[1971, p.311].

Don Juan tells Castenada that he "knew" these things without understanding them. "No," protested Castenada, "No, I didn't know that."

> I was truthful at that. My mind refused to intake that sort of stimuli as being 'real,' and yet, after ten years of apprenticeship with Don Juan my mind could no longer uphold my old ordinary criteria of what was real [1971, p.315].

The assumption that lends plausibility to our studied view is that our everyday reality, the world we are taught from childhood to apprehend, is an independent given rather than a human construction. The socially dominant version of reality has a character of facticity and solidity that other versions of reality seem to lack; its thereness, in the form that we were taught to apprehend it, seems indisputable and immovable. As Berger and Luckmann have said:

> The reality of everyday life is taken for granted as reality. It does not require additional verification over and beyond its simple presence. It is simply there as self-evident and compelling facticity. I know that it is real [1961, p.23].

In fact, however, this reality is a human construction, built up, elaborated, and maintained by means of a symbol system, complete with rules for the identification, organization, and valuation of the elements that compose it. 'Reality'--that which seems independent of us and within which, like it or not, we exist--is in fact a product of human subjectivity. Indeed, reality construction is the human act par excellence. It is human beings who create the realities as human beings, and is a symptom of a social order that has desecrated human subjectivity.

The new multirealists, in criticizing the current rationality of the caring process, say that we cannot assume that the dominant mode is 'reality.' They say that the major agent of the social order is its educational system. The fundamental ignorance of who we are, our failure to recognize the human powers embodied in the reality that seems to surround us impassively, is a learned ignorance. It is the result of education. The process of education is a journey

away from ourselves, a movement toward progressive ignorance. It is a tribute to the stability of the established social system that this ignorance is identified with knowledge, as William Blake recognized so very clearly [1957].

The goal of education is to persuade the individual to participate in the dominant mode of experience in relation to which normalcy and reality acquire their cultural significance. Powers to apprehend the flux of experience in manifold ways, to confer being on some experiences but to withhold it from others, must be properly trained. Children must be taught to distinguish between dreams, fantasies, or myths and reality, between the commonplace and the bizarre, and between what is good and evil. Most importantly, they must learn to make these distinctions in the prescribed ways.

The success of the educational process hinges on their ignorance of the fact that we create the world through such distinctions, i.e., that the world, as so constituted, does not exist independently of our operations on the flux of experience. For it is only when an individual has acquired this ignorance that he has truly lost touch with himself. The process by which this ignorance is learned is aptly summarized by Ronald Laing in his analysis of family systems. "If my view is right, we at this very moment may not know we have rules against knowing about certain rules [1971, p.111]." The best way to get someone to obey a rule is to get him to forget that he is obeying it:

Rule 1: Apprehend the world in such-and-such a way: cut up and interpret the flow of experience this way rather than that.

Rule 2: Forget that you are apprehending the world in accordance with Rule 1.

Rule 1 tells us how to construct and apprehend the world. Rule 2 tells us to forget that we are actively constructing the world in the manner Rule 1 dictates. The result is that the world seems to be as Rule 1 tells us it is.

Conspiracy theories within the antithesis hold that there are individuals or social classes that know Rules 1 and 2, and to satisfy their own purposes, encourage the child's internalization of the rules, thus guaranteeing the docility of the normal man. The more radical position within the antithesis is that we have all forgotten that we have internalized these rules and that what, in our forgetfulness, we take to be knowledge is transmitted from one generation to the next with the utmost sincerity. That is, once firmly established, our ignorance of ourselves as the creators of the world we apprehend is self-maintaining and does not presuppose any malicious intent.

In any event, forgetfulness is at the root of the matter. We are the agents of our own forgetfulness insofar as we systematically transmit to our children and confirm in one another the view that experiencing is a passive operation, performed either rightly or wrongly, rather than a creative act of the self.

The net effect of this forgetfulness is that the necessity of a given definition of reality is taken for granted and submission to it is extolled. To refuse to acknowledge its power and independence, to struggle against it, is regarded, in the words of the Russian existentialist Lev Shestov, as "the extreme expression of shamelessness [1966, p.79]."

> What irritated him [Aristotle] or perhaps disturbed him most in Plato was the latter's courage or rather, to use his own expressions, Plato's audacity and shamelessness, which suggested to him that those who adore Necessity only dream of reality but are powerless to see it in the waking state. Plato's words seemed to Aristotle unnatural, fantastic, deliberately provoking. But how to silence Plato, how to constrain him not only to submit to Necessity in the visible and empirical world but also to render it in through the honors to which,

> Aristotle was convinced, it was entitled? Necessity is Necessity, not for those who sleep but for those who are awake. And the waking who see Necessity see real being, while Plato, with his audacity and shamelessness, turns us away from real being and leads us into the domain of the fantastic, the unreal, the illusory, and--by that very fact--the false. One must stop at nothing in order finally to extinguish in man that thirst for freedom which found expression in Plato's work. 'Necessity' is invincible [1966, p.79].

For Aristotle, and for all thesists since his time, Necessity--that which we take to be abidingly and independently real--cannot be challenged. To do so is presumptuous and irrational. This challenge seems irrational, however, only from the standpoint of those who have so mystified themselves that they do not recognize that we ourselves have posited this reality and thus have the power to transcend, invalidate, or transform it. In this denial of the ultimacy and necessary character of reality as the normal man apprehends it, antithesists of diverse persuasions find their commonality.

A corollary of their position is that the normal man--Aristotle, who orders us "Cry halt before Necessity"--is immersed in a profound sleep: the body of Albion (All Being, Life) sleeps, William Blake declares, but the sleepers believe they are awake. Nonbeing announces itself as being--death masquerades as life--such are the metaphors that antithesists have drawn on to underscore their insight that we affirm ourselves within the framework of an existential delusion.

It is, moreover, in the fundamental sense suggested by these metaphors that normal man is alienated from his own being. "Alienation," as used here, refers to the nonrecognition of one's powers as they are embodied in one's products, which, in turn, seem to arise and exist independentiy of human

effort, and then to confront us as autonomous powers to which we must submit. To be alienated is to view what is essentially a human world, built up, given significance, and sustained by man as a thing world. And since our potentials as men are only revealed to us in our products, the failure to recognize ourselves in our products entails an ignorance of our own being. For the antithesist, the conflict between thesis and antithesis reveals itself as a conflict between alienation and being. Rejecting the terms of the problem as posed by the thesis camp, he declares that it is not variance that needs explaining and rectifying, but normalcy; for normalcy is the condition of being out of touch with one's own being. As Ronald Laing has said:

> The condition of alienation, of being asleep, of being unconscious, of being out of one's mind, is the condition of the normal man. Society highly values its normal man. It educates children to lose themselves, and to become absurd, and thus to be normal. Normal men have perhaps killed 100,000,000 of their fellow normal men in the last 50 years [1967, p.28].

Reality Maintenance: Dealing with Variants

Once established, a version of reality is remarkably stable, and its authenticity is not easily challenged. Doubts as to its authenticity however, can arise when a society comes into contact with another society whose members participate in a different mode of experience. As Berger and Luckmann suggest:

> The appearance of an alternative symbolic universe poses a threat because its very existence demonstrates empirically that one's own universe is less than inevitable [1967, p.108].

Confronted by a group participating in a different version of reality a society may become self-conscious about its own role in constructing reality. Its rules for operating on experience lose their invisibility and become manifest.

The alarm called forth under such circumstances is in large part due to the fact that the stability of our world is suddenly shaken. Reality threatens to dissolve, leaving us homeless, disoriented and alone. In addition, a threat to the official version of reality is also a threat to those who enjoy privileged position in the existing social order, since distributions of power, prestige, and wealth presuppose this definition of reality. Thus many have a very special interest, over and beyond the preservation of ontological security, in maintaining the existing symbolic universe intact.

In the history of service delivery to children in America, including compulsory education, it seems clear that this was happening during the great waves of immigration into this country from 1850 to 1920. Alien cultures containing foreign languages, ethnic and cultural identities, strange habits and customs and non-Protestant religions shook the parochial foundations of antebellum American society. These foreign groups flooded the inner cities, keeping close together, bringing with them their variant cultural traditions. They built their own shops, stores, restaurants, churches, challenging the images and symbols of rural, Protestant, middle class, Anglo-Saxon, American society. Their children covered the streets of cities like New York, Philadelphia, and Chicago. The growth of schools and compulsory education seems to be a direct reaction to this threat. Orphanages, almshouses, mental hospitals, and correctional facilities suddenly came into existence in large numbers. The government caretaking agency was born, as a direct reaction to the threat of this inundation.

Against the background of massive support for a unitary version of reality, the variant experiences of a few individuals can fairly easily be discounted as the product of their own defectiveness or perversity. As Berger and Luckmann have said:

> [It is] much less shocking to the reality status of one's own universe to have to deal with minority groups of deviants, whose contrariness is *ipso facto* defined

> as folly or wickedness, than to confront another society that views one's own definitions or reality as ignorant, mad or downright evil [1967, pp.107-108].

That is, within the established symbolic universe there is a special niche for those who are 'out of touch with reality;' they are put into a special class which is associated with the rule that experiences of its members need not be treated on a par with our own. Thus, their variant experiences cease to pose a threat to our version of reality and are transformed into symptoms of their 'problems.'

But the invalidation of the experiences of variants is not sufficient when invalidation leaves variant behavior intact. The presence of large numbers of such individuals arouses the temptation in others to follow their example and defy established definitions of reality. A simple example of this was the challenge and final overturn of the ban on long male tresses. In the Sixties we began to see here and there in some European countries, particularly the Netherlands and Scandinavia, a few defiant males who grew their hair to their shoulders. This was cause for reaction and bewilderment. And then the few grew into a small trickle across the world and the trickle grew into a torrent of long haired males who joined females in a tonsorial unisex revolution. In the Seventies such behavior had taken over the style centers and style economies of the world. Such behavior was now chic and not deviant.

If the number of individuals questioning significant areas of reality grows sufficiently large, they may be capable of doing as a group, what they could not do individually: namely, putting the prevailing version of reality in jeopardy. As a result, it is necessary to transform these people before the potential threat they pose becomes actual. In our time, alienation itself has become such a threat, and measures of treatment, re-education, corrections and behavior modification have been turned toward reinducting alienated persons into the official and public mode of experience. Since alienation itself is such a private affair, people are not aware of how many others share their condition. Once

such personal, private knowledge becomes public, however, it will be difficult to maintain the fiction of normative adaptation.

As Berger and Luckmann have said, "Therapy entails the application of conceptual machinery to insure that actual or potential deviants stay within the institutionalized definitions of reality [1967, p.113]." If the privately alienated should all expose their condition to each other there would not be enough machinery available to ensure the institutionalization of conventional reality.

In fact, some of the multirealists claim that institutionalized definitions of reality are being shattered. Profound human events have shaken our unitary world view. Since the 1960's, our society has discovered the "generation gap," "student revolt," "ghetto riots," "gay liberation," "women's lib," "Black power," "brown power," "Wounded Knee," "sexual freedom," etc. The single-dimension reality, the unified universe of America, has suddenly exploded into multispangled images of reality--a psychedelic carnival of realities. Multiple inner visions were spilling onto the social scene like a dazzling light show of colors and forms, a dizzy kaleidoscope of changing experiences and patterns. Against this shifting universe, any single view of deviance is hard to maintain, difficult to stabilize. 'Normal' man is suddenly being propelled into himself. His alienation is becoming painfully exposed.

The antithetical multirealists have begun to believe in the potential for a revolution in 'normality,' arising out of the seeds of the increasing alienation of normal man. The word "revolution," in the language of antithesis, is used in the same way that Revel uses it:

> By definition, revolution signifies an event such as has never taken place before; an event that comes to fruition by ways that are hitherto unknown in history. When we use the word 'revolution' we must necessarily speak of something that cannot be conceived or understood within the context of old ideas. The

> stuff of revolution, and its first success must be the ability to innovate. It must be mobility with respect to the past, and speed with respect to creation [1972, p.123].

The Celebration of Deviance

Many of the new multirealists know that to say that the normal man is alienated is not to say that the variant person is necessarily in touch with the depths of his being. As Laing has said:

> There are forms of alienation that are relatively strange to statistically 'normal' forms of alienation. The 'normally' alienated person, by reason of the fact that he acts more or less like everyone else, is taken to be sane. Other forms of alienation are labeled by the 'normal' majority as bad or mad [1967, pp.27-28].

Nonetheless, in a society in which variance is sin, the variant person--alienated or not--emerges as a hero. What is heroic is his recalcitrance. Though everything conspires against him he refuses to participate in the official version of reality, preferring his own mode of experience to that which is represented by what Laing calls the "normal majority."

The ultimate goal of the new multirealists is the celebration of being in the multivarious forms in which it will reveal itself. Although deviance is not 'being,' to affirm and celebrate deviance in the current situation is to negate the ultimacy of existing definitions of being and reality. Just as, for the normal man, deviance is a symbol of nonbeing, for the antithesist it offers the one real glimpse of being that is available to us. Although the variant person may not recognize himself as the power behind the reality he inhabits, his reality is a different one from our own. He thus imitates the forgotten image of man in his real capacity as the subject of his existence.

We have said that deviance is not equivalent to being. But it must also be added that in a society that has overcome alienation, whose members have recovered their subjectivity, being will reveal itself as variance, for individuals are unique; their potentials for being are unique. For this reason, the new multirealists, from their antithesis position, regard it as dehumanizing to throw all men into the hypnotic trance that goes by the name of 'normalcy.' For they are thus denied the right to discover themselves as human beings, actualizing their unique human potentials.

For our own fulfillment we must embrace defectors from the social mold. When Ivan Illich appeared before the Catholic Church's Inquisitional Branch of Vatican his own deviance was clearly at issue. According to the account in Francine du Plessix Gray's book *Divine Disobedience*, Illich was ushered into a room dominated by a heavy oak table with two candlesticks, a black wooden crucifix, a white figure of Christ, and a Bible. In addition, the table held a dossier of newspaper and journal clippings by or about Illich. There was a man behind the desk. Illich walked up to the table:

> 'I am Illich.'
> 'I know.'
> 'Monsignor, who are you?'
> 'Your judge.'
> 'I thought I would know your name.'
> 'That is unimportant. I am called Casoria [1971, p.235].'

Ivan Illich was asked to put his hand on his chest and to swear to tell the truth. He obliged. He was then asked to keep secret everything that transpired in the ensuing conversation and was warned that a special excommunication would be issued to anyone who revealed the proceedings of the congregation. Ivan Illich in very rapid Italian replied that he refused to take any oath of secrecy on the grounds that such an oath would be "against the natural law of self-defense and the divine law of honesty in the church;" that it would contradict the Second Vatican Council's reforms of the congregation's procedures, and that it would violate, in particular, the recent Papal edict *Integrae Servonde of 1965*, which stated

the rules of procedure of the congregation should be a matter of public record.

The secrecy of the Catholic Church's Inquisitional Branch, which was the foundation of its power, had seldom before in the seven centuries of its existence been contested on such reasonable grounds and a certain pandemonium prevailed, for the next hour, in that section of the Vatican's caves.

| | |
|---|---|
| Interrogator: | 'If you don't want to swear to secrecy this is over.' |
| Ivan Illich: | 'In the name of the Father and the Son and the...' |
| Interrogator: | 'What are you doing?' |
| Ivan Illich: | 'I am putting an end to this session [1971, pp.235-236].' |

The upshot of this proceeding was that Ivan Illich insisted upon receiving a written copy of all charges against him, and, through the intercession of other powers in the Vatican the judges agreed to this procedure. Ivan Illich also answered in writing and was sent on his way.

The author of the book reporting on the incident says:

> Let us note that some time after this interlude in the caves of the Vatican, Monsignor de Magistres and Monsignor Casoria were relieved of their posts at the Congregation for the Doctrine of the Faith [1971, p.240].

A very well-known professional, a man approaching middle years, reaches a crisis in his own life. It is a crisis precipitated by discovery of the uniqueness in children he is working with. They are children who recall to him rejected parts of his earlier self. They are poor, out of the New York slums. They are light miles away from Harvard University, where he was transformed into a man with social status.

These children call him back to himself. They are close to the tap-roots, out of which he has metamorphosed into a bright young doctor of psychology. That part of himself which he denied in his educational process, which he placed in a somnambulant trance, is gradually recovered under their tutelage. Their street language awakens echoes within him. "Des guys," "dem freaks," "dose big shots from Harvard." These words spring from his own lips like an underground stream, suddenly flooding to the surface, breaking loose from all the encompassing restraints within him. What he had been as a poor, urban, lower-class Jewish delinquent, and what he had become through the help of kind-hearted, well meaning philanthropic ex-Harvard businessmen, is forced into crisis by his young charges.

"My grandfather was a gorilla," he said, "my father was a gorilla! Am I half a gorilla?"

At this point, antithesis exhortation takes hold of him. "Be what you are and only what you can be. Begin to love yourself, not that part of yourself which society currently validates, but the totality of your being."

The totality of his being. This he had to accept if he were to awake from his own trance of normalcy. And so, he rushed to embrace himself, all that he was and could be. He faced his colleagues, his Harvard friends, his university students, with his conflicts, his 'abnormalities,' his deviance. "Dese," "dem," and "dose," he said. "I must love me as I am, for what I am. You must love me as I am, if we are to love each other."

The great Hassidic master, Rebbe Zusia was deeply sad as his death approached. When asked why he was sad, he responded, "When I shall face the celestrial tribunal, I shall not be asked why I was not Abraham, Jacob, or Moses. I shall be asked why I was not Zusia [Wiesel, 1972, p.120]." Zusia is Zusia, but in the course of growing up, Zusia learns to be ashamed of his Zusianess, to regard it as perverse or preposterous; perhaps he loses touch with his Zusianess altogether. Antithesists declare that Zusia must be allowed to be Zusia and that any society that confines

Zusia to any other role but Zusia, to 'normal man,' is a dehumanizing society.

To celebrate deviance is to experience and rejoice in the full range of being, with its multiple facets, its infinitely varied forms. It is to countenance childishness and adultness, rationality and irrationality, perversity and heroism, stupidity and brilliance. To celebrate deviance is to relish and enjoy strangeness, and otherwiseness, to learn from strangeness the hidden recesses of the self. Human conditions which are now impaled upon the horns of dilemmas called 'mental,' or 'emotional,' or 'disabled,' or 'damaged,' could be fulfilling and enriching. In an earlier stage of historical innocence 'insanity' was considered transporting, a way to nonlogical 'knowing,' another reality in which 'visions' enhanced and resplended life, elevated both the individual visionary and the community into a plane of ecstacy whose visionary impact still dimly echoes down the halls of our current institutions.

Dostoievsky, in his *Diary of a Writer* says, "It is not in confining one's neighbor that one is convinced of one's sanity [in Foucault, 1973, p.ix].

In his preface to *Madness and Civilization*, Foucault writes:

> We have yet to write the history of that other form of madness in which men, in an act of sovereign reason, confine their neighbors, and communicate and recognize each other through the merciless language of non-madness...[1973, p.ix].

In writing this history of the madness of reason, Foucault traces his evolution back to the point where reason and unreason communicated with each other in a common language. He takes us back to the period of the Renaissance when the dialogue was first broken and a distance was established between reason and unreason. Reason subjugated nonreason, condemning its truth as madness, crime or disease, and imposing a censure upon its revelations. Foucault introduces us to the political and economic tyranny of reason.

To the multirealists, intervention is still politics masked as science. They point out that the most frequently used argument for additional funds for service programs, clinical research or service training is that the money will be well spent. It will either restore individuals to wage earners or it will increase their employability and their contribution to the general economy. The work ethic, the moral implications of employability, the belief in the ennobling influence of job--these attitudes are subtly blended with compassion to obscure the underlying political meaning of intervention. In Foucault's work the evolution of this ethic is traced to the Seventeenth Century: when, for the first time, men linked disability, unreason, deviation, to sloth and slackness:

> Until the Renaissance, the sensibility to madness was linked to the presence of imaginary transcendences. In the classic age, for the first time, madness was perceived through a condemnation of idleness and in a social imminence guaranteed by a community of labor [1973, p.58].

He says that in the classical period the community acquired the ethical power of segregation which allowed it to extrude into another world all forms of social uselessness. He says that it was in this "other world"--that madness, encircled by the sacred powers of labor, assumed the status we now attribute to it. However, he says, the relation between the practice of confinement and the insistence on work is not defined by economic conditions. It is a political-moral perception which sustains and animates this relationship. He demonstrates how early and middle Seventeenth Century documents expressed this morality in clear terms. Madness, crime, and disability were all tied to the weakening of discipline and the relaxation of morals. The arguments were not made on the basis of poverty being tied to the scarcity of commodities and to unemployment. Instead, reports and edicts of that period talked about the libertinage of beggars, about their looseness, about the continual practice among them of all types of vice.

In reaction to such libertinage among the poor who were criminal, mad, disabled, the general hospitals of those times had the "power of authority, of direction, of administration, of commerce, of police, of jurisdiction, of corrections and punishment," and to accomplish this task, "stakes, irons, prisons, and dungeons are put at their disposal [Foucault, 1973, p.59]."

The modern antithesist views our current intervention practices and sees much in them which is still linked to this critical period in history in which the politics of caring took over from the reverence and awe and mutual communication which prevailed before that time. The multirealists look at the great gulf separating the 'normal' and 'abnormal' which renders them deaf to exchanges between each other, and view this gulf, like Foucault, as making each side dead to the other.

None of the theories of intervention addresses itself to this gulf. Instead, all theories address themselves to silencing the differences of the extruded populations. In the words of Foucault:

> None of the concepts of psychopathology, even and especially in the implicit process of retrospection, can play an organizing role. What is constitutive is the action that divides madness, and not the science elaborated once this division is made and calm restored [1973, p.ix].

The multirealists say the division is made, and intervention sciences ignore the lack of communication, the lack of joint commerce between two aspects of being, labeled normal and abnormal. Instead the intervention sciences join forces with the body politic--the bureaucracies of the state --and apply their conceptualizations and their actions in attempting to eradicate or silence one side of the division--that which is declared abnormal.

To release individuals and groups from one-dimensional identities, such as delinquent, or disordered, is to free

oneself from constant watchfulness over one's own normalcy, to liberate being into becoming:

> ...Jonathan held in thought an image of the great gull-flocks on the shore of another time, and he knew with practiced ease that he was not bone and feather but a perfect idea of freedom and flight, limited by nothing at all [Bach, 1970, p.63].

To force one-dimensional identities, and squander precious human resources upon 'normalizing' deviance, says the antithesis view, is like trying to dip out the ocean with a sieve, trying to paint a blazing sunset grey. The vigor and vitality of the species lie in its variety and infinite possibiiities. In the evolutionary chain such variation is wealth, not waste. In everyday life advantages are mistaken for disadvantages.

> Sweet is the use of Adversity
> Which, like the toad,
> ugly and venemous, wears
> yet a precious jewel in its
> head [Shakespeare, 159?, *As You Like It*, Act 2, Scene 1, Line 12].

In the *Miracle Worker* (Gibson, 1960), we are confronted with disability and watch its moving metamorphosis into completeness, where power and disability become a single whole. At the age of twelve years, Helen Keller was deaf, blind and mute. She was like a wild animal. To a clinician she might have appeared psychotic. At twelve she clawed and struggled against all who tried to help her. A partially-blind special teacher, Annie Sullivan, came into the Keller home at that time. Annie struggled with Helen, with Kate, Helen's mother (who was locked into a 'neurotic' exchange with Helen), and with Helen's incompleteness to release the young girl from the overwhelming psychic prison of eternal darkness and silence. The *Miracle Worker* portrays the struggle and love which transposes destructiveness into a miracle of life.

Helen sees and hears through Annie. She is transformed as a person, and the living unit which revolves around her becomes a more harmonic whole. When Annie starts with her she was like this:

> Annie closes the door. Helen starts at the door jar, and rushes it. Annie holds her off. Helen kicks her, breaks free, and careens around the room like an imprisoned bird, colliding with furniture, groping wildly, repeatedly touching her cheeks in a growing panic. When she has covered the room, she commences her weird screaming. Annie moves to comfort her, but her touch sends Helen into a paroxysm of rage: She tears away, falls over her box of toys, flings its content in handfuls in Annie's direction. Flings the box too, reels to her feet, rips curtains from the window, bangs and kicks at the door, sweeps objects off the mantlepiece and shelf, a little tornado incarnate, all destruction, until she comes upon her doll and, in the act of hurling it, freezes. Then she clutches it to herself, and in exhaustion, sinks sobbing to the floor. Annie stands contemplating her in some awe [1960, pp.83-84].

Under Annie's tutelage, and at the moment in which their lives were permanently bonded together, she was like this:

> Annie has pulled Helen downstairs again by one hand, the pitcher in her other hand, down the porch steps, and across the yard to the pump. She puts Helen's hand on the pump handle, grimly.
>
> Annie: All right, pump.
>
> (Helen touches her cheek, waits uncertainly.)

No, she's not here. Pump!

She forces Helen's hand to work the handle, then lets go. And Helen obeys. She pumps till the water comes, then Annie puts the pitcher in her other hand and guides it under the spout, and the water tumbling half into and half around the pitcher douses Helen's hand. Annie takes over the handle to keep water coming, and does automatically what she has done so many times before, spells into Helen's free palm:

Water, W, a, t, e, r. Water. It has a--name--

And now the miracle happens. Helen drops the pitcher on the slab under the spout, it shatters. She stands transfixed. Annie freezes on the pump handle: there is a change in the sundown light, and with it a change in Helen's face, some light coming into it we have never seen there, some struggle in the depths behind it; and her lips tremble, trying to remember something the muscles around them once knew, till at last it finds its way out, painfully, a baby sound buried under the debris of years of dumbness.

Helen: Wah. Wah.

And again, with great effort

Wah. Wah.

Helen plunges her hand into the dwindling water, spells into her own palm. Then she gropes frantically, Annie reaches for her hand, and Helen spells into Annie's hand.

Annie: (Whispering): Yes.

Helen spells into it again.

Yes!

Helen grabs at the handle, pumps for more water, plunges her hand into its spurt and grabs Annie's to spell it again.

Yes! Oh, my dear--

She falls to her knees to clasp Helen's hand, but Helen pulls it free, stands almost bewildered, then drops to the ground, pats it swiftly, holds up her palm, imperious. Annie spells into it: G-R-O-U-N-D.

Helen spells it back.

Yes!

Helen whirls to the pump, pats it, holds up her palm, and Annie spells into it.

Pump.

Helen spells it back.

Yes! Yes!

Now Helen is in such an excitement she is possessed, wild trembling, cannot be still, turns, runs, falls on the porch steps, claps it, reaches out her palm, and Annie is at it instantly to spell:

S-T-E-P.

Helen has no time to spell back now, she whirls groping, to touch anything, encounters the trellis, shakes it, thrusts out her palm, and Annie while spelling to her cries wildly at the house.

Trellis. Mrs. Keller! Mrs. Keller! [Gibson, 1960, pp.117-119].

The rest of Helen Keller's life was a celebration of deviance. Within the framework of the thesist view she could be seen as disabled, but what a distortion this would have been of the gifts of a unique personality. Edison, too, could have been seen as disabled and retarded because of his hearing and learning difficulties. This too, would have been a distortion.

Many of the intentional communities, both new and old, agree with the antithesists in celebrating deviance. The Bruderhofs, a group of long-established intentional communities in the Eastern United States, are typical of this perspective. They do not see limitations in differences. They feel enriched by the special ones in their community.

> Charles knows so much more than I do about loving. His way opens me up. It makes me feel things I would not otherwise feel [personal communication, New Academic Village].

In another intentional community, in the deep south, Rod says to some of his community members:

> I cheated my way through college. That's how I got through. No matter how hard I would have studied I don't think I could have made it. I copied other people's papers. I had a friend take S.A.T. exams for me so I could get in college. I had a key made to the office files where the exam was kept and I'd go into the office at one o'clock in the morning to steal a copy of the exam and then go home to work all night on it.
>
> When I got married my wife didn't want any kids by me. She said my IQ was too low [personal communication, New Academic Village].

Rod reads Maslow, Illich, Vanier, Postman, Marcuse. He stores these ideas deep within the recesses of his being. An alchemy takes place within him so that the ideas take on a real life which is expressed through his living. Those who come in contact with him know directly, through him, the meaning of these otherwise meaningless ideas. They experience a Rod who holds communion with them around his deep encounter with the ideas of Goodman or Perls. His level of "knowing" these ideas makes the "academician" aware of the shallow level of his own knowledge of them, and provides a moving experience in the exercise of living them out with Rod.

Rod's earlier, all encompassing, student delinquencies, in which he avidly pursued knowledge in his own deviant way is now a critical hub around which living and learning takes place for his peers and the children he comes in contact with. What a crazy, idiosyncratic way to go through college. What a crazy picture of a stupid guy he carries around in his head. What a profound education he got for himself.

As now practiced, these multirealists say, 'socialization,' 'education,' 'therapy,' all assert the priority of society to the individual. All proceed to mold the individual from the inside out. His resources are exploited and recognized only insofar as they can be channelled in appropriate directions as judged from a standpoint external to him; otherwise, they are left untapped and lulled into sleep, to be expressed only in dreams and fantasies. Antithesists, on the other hand, assert the priority of the Self, of the human subject. True caring aims, not at transforming a person into what we want him to be, but at helping him discover and become what only he is. The contrast between these two models of caring (or therapy, or education) is highlighted in Maslow's description of the way a manager helps a potential boxer become a boxer:

> What the good manager does is to take the boy and train him to be, if this is Joe Dokes, a better Joe Dokes. That is he takes his style as given and builds upon that. He does not start all over again, and say, 'Forget all you've learned, and

> do it this way,' which is like saying, 'Forget what kind of body you have,' or 'Forget what you are good for.' He takes him and builds upon his own talents and builds him up into the very best Joe Dokes-type boxer that he possibly can [1968, p.693].

Intervention

For antithesists, intervention is a highly personal interaction. Better--it is an interpersonal transaction, in the sense that each of the participants invests and risks his whole being in the interaction between them. In the intervention transaction, both parties may be changed. If the situation has been rigged so that one of the parties risks nothing at all--save his professional reputation, if the experience of the other is regarded as *a priori* invalid, then, as Buber would put it, we are once again in the realm of IT. IT is not an "I-thou" relationship--the other person is IT. Intervention must aim at mutual validation, at self-discovery and at the discovery of one another; it aims at the discovery of ourselves through the discovery of one another. As Ronald Laing has said:

> Psychotherapy must remain an obstinate attempt of two people to recover the wholeness of being human through the relationship between them [1966, p.55].

There is a sense in which whenever an authentic human relationship comes into being, there has been an important intervention in the lives of the participants, which serves to reaffirm the personhood of each of them. Such relationships may be beyond the present reach of many people currently classified as variant, and they may be equally inaccessible to many people considered normal. In such cases, the intervener's role is to get the other to care for himself by caring for him.

Caring is not, for the antithesist, a technical, mechanical activity even where it involves such duties; it is, first and foremost, a personal act. Care, in this sense, is

closely akin to love. "Love," says Buber, "is the responsibility of an I for a Thou." It is not mere sentimentality, but an active, ongoing attentiveness to the other, which is possible only as an act of one's whole being.

All of us, then, are capable of being teachers and learners, and all of us are in need of teaching and learning. To put the power to intervene or teach in the hands of one specialized group and the need for intervention or learning in another, is to cede to these specialized groups our own powers and needs. Antithesists would have each of us reappropriate the special tasks he has allotted to these special classes, recognizing in himself both the impulse to care and the need to be cared for.

The antithesist looks with distrust at the professionalization and bureaucratization of caring. Caring thus becomes the prerogative of an elite; it becomes a social task, a role, and loses its character as an investment of the whole being. By reifying human experience and by presupposing certain 'normal' patterns, the professionals perpetuate the myth that a single structure of being will do for all of us. They aim to make an alienated and dehumanized social order function smoothly and harmoniously, rather than to overcome alienation.

The social function of intervention. Whereas the multirealist's intervention is viewed as part of human growth and self-realization, single reality intervention is viewed as a means of social control. The analysis of traditional intervention as an attempt to maintain an established order has been a popular theme in recent years, testifying to a rising self-consciousness about our mode of living and our untapped potentials. At an ontological level, the thesis group attempts to maintain its monopoly over 'reality,' to insist that its mode of experience is self-certifying, while others are invalid. At a political level, intervention serves to maintain existing distributions of power and other valued social resources. Viewed from the standpoint of social psychology, intervention has served to promote group solidarity in much the same manner as did the ancient rite of scapegoating.

Much attention has already been given to the ontological claims implicit in mainline intervention. A single reality structure is affirmed, and the reality of the variant is declared to be invalid; the task of the intervener is to reinduct the variant into the everyday mode of experience. That reality is a human construction, that 'normalcy' is a social convention rather than a fact independent of human choice and agency is denied, in practice, if not always in theory. Thus, intervention operates in the service of alienation. It supports a situation in which men do not recognize or else misinterpret the real significance of their own powers and potentials, a situation which has important political and psychological implications.

Martti Siirala (1961, p.73), a Finnish psychiatrist says that many so called symptoms of schizophrenia could be an inherited predisposition, not of the patient, but of those around the 'patient' to combat unusual tendencies in him that disturb their view of reality.

In Ken Kesey's book, *One Flew Over the Cuckoo's Nest*, the nurse speaks to the therapy group:

> 'Boys, I've given a great deal of thought to what I am about to say. I've talked it over with the doctor and with the rest of the staff, and, as much as we regretted it, we all came to the same conclusion--that there should be some manner of punishment meted out for the unspeakable behavior concerning the house duties three weeks ago.' She raised her hand and looked around. 'We waited this long to say anything, hoping that you men would take it upon yourselves to apologize for the rebellious way you acted. But not a one of you has shown the slightest sign of remorse.'
>
> Her hand went up again to stop any interruptions that might come--the movement of a tarot-card reader in a glass arcade case.

'Please understand: We do not impose certain rules and restrictions on you without a great deal of thought about their therapeutic value. A good many of you are in here because you could not adjust to the rules of society in the Outside World, because you refuse to face up to them, because you tried to circumvent them and avoid them. At some time--perhaps in your childhood--you may have been allowed to get away with flouting the rules of society. When you broke a rule you knew it. You wanted to be dealt with, needed it, but the punishment did not come. That foolish lenience on the part of your parents may have been the germ that grew into your present illness. I tell you this hoping you will understand that it is entirely for your own good that we enforce discipline and order [1970, pp.187-188].'

Morton Schatzman says:

> What one sees to be going on with a given person or relationship between persons depends not only upon what is going on but upon one's style of perceiving or interpreting. There are few, if any, reliable criteria for deciding whose view is more 'correct' in a social situation where individual perspectives upon it differ [1974, p.130].

To continue the scene above, from *One Flew Over the Cuckoo's Nest*:

> She let her head twist around the room. Regret for the job she has to do was worked into her face. It was quiet except for that high fevered, delirious ringing in my head.

'It's difficult to enforce discipline in these surroundings. You must be able to see that. What can we do to you? You can't be arrested. You can't be put on bread and water. You must see that the staff has a problem; what can we do?'

Ruckly had an idea what they could do, but she didn't pay any attention to it. The face moved with a ticking noise till the features achieved a different look. She finally answered her own question.

'We must take away a privilege. And after careful consideration of the circumstances of this rebellion, we've decided that there would be a certain justice in taking away the privilege of the tub room that you men have been using for your card games during the day. Does this seem unfair?'

Her head didn't move. She didn't look. But one by one everybody else looked at him sitting there in his corner. Even the old Chronics, wondering why everybody had turned to look in one direction, stretched out their scrawny necks like birds and turned to look at McMurphy--faces turned to him, full of a naked, scared hope.

The single thin note in my head was like tires speeding down a pavement.

He was sitting straight up in his chair, one big red finger scratching lazily at the stitchmarks run across his nose. He grinned at everybody looking at him and took his cap by the brim and tipped it politely, then looked back at the nurse.

'So, if there is no discussion on this ruling, I think the hour is almost over...'

She paused again, took a look at him herself. He shrugged his shoulders and with a loud sigh slapped both hands down on his knees and pushed himself standing out of the chair. He stretched and yawned and scratched the nose again and started strolling across the day-room floor to where she sat by the Nurses' Station, heisting his pants with his thumbs as he walked. I could see it was too late to keep him from doing whatever fool thing he had in mind, and I just watched, like everybody else. He walked with long steps, too long, and he had his thumbs hooked in his pockets again. The iron in his boot heels cracked lightening out of the tile. He was the logger again, the swaggering gambler, the big redheaded brawling Irishman, the cowboy of the TV set walking down the middle of the street to meet a dare.

The Big Nurse's eyes swelled white as he got close. She hadn't reckoned on him doing anything. This was supposed to be her final victory over him, supposed to establish her rule once and for all. But here he comes and he's big as a house!

She started popping her mouth and looking for her black boys, scared to death, but he stopped before he got to her. He stopped in front of her window and he said in his slowest, deepest drawl how he figured he could use one of the smokes he bought this mornin', then ran his hand through the glass.

> The glass came apart like water splashing, and the nurse threw her hands to her ears. He got one of the cartons of cigarettes with his name on it and took out a pack, then put it back and turned to where the Big Nurse was sitting like a cha'k statue and very tenderly went to brushing the slivers of glass off her hat and shoulders.
>
> 'I'm sure sorry, ma'am,' he said. 'Gawd but I am. That window glass was so spick and span I com-pletely forgot it was there.'
>
> It took just a couple of seconds. He turned and left her sitting there with her face shifting and jerking and walked back across the day room to his chair, lighting up a cigarette.
>
> The ringing that was in my head had stopped [Kesey, 1974, pp.188-190].

The rest of the book is an account of the struggle between the nurse and this patient. In a caricature of intervention as social insistence upon a single reality, the book ends with the recalcitrant patient undergoing some form of brain surgery which leaves him a vegetable, and the dominant reality of the ward being restored.

The political aspects of mainline intervention. That variance, or divergence from normalcy, is regarded as a problem is itself a symptom of the political character of the single realist's intervention. The established political order, in which some dominate and reap the rewards of social cooperation while others are oppressed, presupposes the sharing of an ethic that validates this state of affairs. To be normal is to recognize the rightness, if not the inevitability, of this state of affairs. The variant, on the other hand, refuses to participate in the symbolic universe that undergirds the status quo. At best, he will not fulfill

his allotted function as determined by the dominant ethic; at worst, he may actively challenge this ethic and the state of affairs that it validates. In short, the variant person cannot be depended upon to act in a way that will uphold the existing political order, and he is therefore problematic to those in power.

In his reinterpretation of Freud's classic patient, Daniel Paul Schreber, Morton Schatzman writes:

> I venture in this study into the traditional preserve of psychiatry...and I derive my data from the case of someone who is considered a classic mental patient. But this book is also about politics: the micro-politics of child-rearing and family life and their relation to the macro-politics of larger human groups. In calling into question the value of the mental illness model, in its classic form---I also raise issues pertaining to the politics of psychiatry and medicine [15.3, p.9].

Thesists translate the political problem of intervention into the language of psychology, and thus ignore and deny the political thrust of the organized "war against variance." Antithesists, on the other hand, attempt to make us conscious of our real situation by reasserting the political character of what is viewed as a psychological problem.

Multirealists, of course, agree that many of those judged variant are in fact in a problematic situation, and that intervention is necessary. But this agreement with thesists in no way upsets their conviction that the thesist intervention, couched in normal-abnormal psychological terms, serves political interests. Intervention is an attempt to correct an organism-environment disequilibrium. This disequilibrium can be resolved by changes in the organism, in the environment, or in both. Locating 'the problem' involves an essentially normative judgment. It is thus of telling significance that most forms of thesist intervention locate

'the problem' in the individual. The labels used to describe him, conveying images of deficiency, disability or illness, imply that there is something wrong with him rather than with his environment, and that he, rather than his environment, must be changed.

Antithesists, on the other hand, find it hardly a coincidence that "treated schizophrenia is concentrated in the lowest socio-economic strata in large urban centers in the United States [Szasz, 1971, p.99]." The prevalence of 'mental illness' among these groups is more plausibly explained as a symptom of their oppression. The difficulties of clients stem from their participation in a social universe that systematically denies them self-respect and the primary goods that people need in order to realize themselves. More often than not the problems are an expression of victimization or of stubborn refusal to be victimized by an oppressive society.

Successful thesist intervention serves to validate the status quo. The variant person is reinducted into the established version of social reality and learns to accept his location in the social order with greater ease. The by-product of his newfound 'self acceptance' is that the opressive social order is left intact. Thus, thesist interventions towards such minorities as Blacks, homosexuals, women and children who persist in being 'deviant' serves to validate their oppressive situation. Potential threats to the existing distributions of power, freedom, and wealth are nipped in the bud. Potentially subversive political energies are dealt their death blows every day by the mental health establishment, which interprets these energies as 'sickness' and then goes on to treat them, often against the will of the victim.

Schatzman's account in *Soul Murder* (1973) is an analysis of two books. His document is a reanalysis of one of the most famous patients in psychiatric literature. It is about Daniel Paul Schreber, a well-known German judge who went 'mad' at 50 and, in the social sense, was never fully sane again. The two books the author examines are the pedagogic teachings of the father, Moritz Schreber, and the book written by the son,

Daniel Paul, after he was hospitalized, to present his own case and his own reality against that of his famous psychiatric interveners.

The father was a revered Nineteenth Century German authority on child raising. His techniques of rigid discipline involving a regimen of cold baths, straps and harnesses, and extreme suppression of natural instincts are seen by Schatzman and many reviewers of the book *Soul Murder*, as a forerunner of Nazi ideology.

Freud, himself, in analyzing Daniel Schreber's illness, did not once refer to the harsh, violent, child rearing theories of the elder Schreber. The society of Germany of that era and the psychiatrists functioning in that society, did not see these extreme, persecutory theories of Dr. Schreber, the father, as insane.

Schatzman says that modern day psychiatric practices mirror the single dimensional views of psychiatry, which, in turn, have the same single-minded view of reality as the larger society. Schatzman says that we could better understand Schreber's existential reality if we saw his seemingly inexplicable behavior as the counterpart of his father's teachings, and hence, that we might adopt another view of his reality. Instead of couching his experiences in the political language of psychiatry, we might borrow the views of other cultures.

Schatzman says:

> Some of Schreber's experience in his madness, resembles reported experiences of shamans or medicine men, i.e., specialists in ecstasy and the sacred in 'archaic' cultures....Like them he is 'chosen' by supernatural powers, and the sacred manifests itself through his sharpened senses. He learns the names and functions of souls and higher beings, the language of birds, and a secret language --in his case, the 'basic language

(*Grundsprache*)' of God. He experiences visions and trances and sees, hears, and feels events hidden from other men [1973, p.5].

In a sense, our common forms of remediation have at their heart a principle of depersonalization. One of the participants is not appreciated or acknowledged as the human subject that he is. Behaviorists accomplish this depersonalization by inattention to personhood, by focusing instead on behavioral symptoms to be eliminated and new patterns of behavior to be reinforced. The pattern of experience associated with these behaviors and which gives them their significance is of no concern to the behavior modifier, and he may in fact deny the existence of experiential patterns and consciousness as distinct from behaviors. Chemotherapy similarly is unconcerned with human subjectivity, treating the human person as an organism whose behavior can be regulated through appropriate chemical inputs. The various forms of psychodynamic theory recognize human subjectivity and experience as a fact, yet they systematically invalidate the subjectivity of the client. He is viewed as an example of some category of sickness, so that what he says and does can in no way be taken as a challenge to the intervener's mode of being and experience. Nothing that the recipient does, need be taken 'personally,' for after all the patient is sick, can't control what he does; his reality is identified with unreality, and his assaults on the therapist's or educator's reality are themselves an indication of his sickness. 'Acting out,' 'defenses,' 'projection,' and 'transference' are a few of the concepts which enable the therapist to negate the immediate personality that is confronting him.

For antithesists, intervention should be an encounter between two or more people, directed toward realization of full personhood. It may involve development, recovery, or merely appreciation of one's unique potential. Each of us has his unique constellation of capacities, longings and needs; each of us has potentials for experience and growth that strive for expression.

Thus, the goal of intervention differs from child to child or person to person, and depends entirely on the situation of the person. Intervention does not aim at restoring children to normalcy. It is implicit in this view that 'normal children' and 'normal people' as much as those we regard as variant, may be in need of intervention: the 'target population' of the antithesist may include those typically regarded as healthy. Indeed, the society as a whole may be regarded as the target of reeducation and consciousness-raising, to the extent that it is organized around principles that encourage alienation through the imposition of a single structure of being on everyone.

Intervention is thus not concerned with the elimination of human variance. It is concerned with helping people to recover themselves, to affirm themselves, and to be themselves--to become the fully active subjects of their own existence. What stands in the way, either internally or externally in the environment, must be dissolved. The acquired longing to be normal and the ideal of the normal man are among such impediments, and it is for this reason that the 'normal man' has come in for so much antithesist criticism. The multirealist's world is not a world of normal-variant dualism. His real interest in a search for caring is to join others in the venture. The variant-normal continuum is not intrinsically relevant to this aim.

Antithesist interveners thus do not face their clients as agents of the dominant social order. They are not there to affirm the ultimacy of this order and to insist on universal accomodation. From their vantage point, it is not the individual's variant structure of experience that is unacceptable, but the ongoing massive attempt to impose a single structure on everyone, and to severely penalize those who 'fail' to make it fully their own. Indeed, if the goal of intervention is to establish and consolidate one another's structure of experience, effective intervention may sometimes take the form of mutual reassurance that variance is not perverse and that it only seems so because of the hostility of the outside world. The intervener's role may be to help discover ways of ignoring or transforming the hostile environment, or of affirming the self in spite of it. Thus, encounter

groups for homosexuals and Homophile Leagues exemplify efforts to provide variants with support and mutual validation in their attempts to live in the manner that they have chosen.

Any form of intervention that in any way reduces a child, or any human subject to an object, that through its attention or inattention does psychic violence to the individual, is not only wrong, but perverse. The whole thrust of the antithesist position, the spirit that underlies its protests and its new directions, draws its strength from the perception that we have buried humanity in our midst and try to deny it daily. The reification of human powers has proceeded far enough; the dehumanization and alienation of man have proceeded far enough. As individuals, as partners in interaction, and as a society, we must recover our identities as human beings. This, from an antithesist point of view, is the aim of intervention, and it is also its method.

Even when intervention fails to attain its end, the pseudomedical label attached to variants serves as well as the walls of an institution to segregate them from those who might otherwise give their ideas a hearing. As Halleck has observed:

> What the authorities really forbid is the subject's efforts at self-determination; what they fear most is a narrowing of the gap between ruler and ruled. How this gap is measured--whether in theological, economic, political, racial, sexual, or psychiatric terms--is not especially important. Revolt against authority was, and remains to this day, the original sin, the classic crime, of the individual [1971, p.118].

The political uses of 'illness' by a society guarding against self-determination are dramatically portrayed in Ghandi's (1957) account of his second visit to South Africa. In his previous stay he had made concrete inroads on discriminatory laws and practices directed toward political, economic and social subjugation of Indians in South Africa by the white population. He describes the attempt to prevent his reentry in this way:

As there had been plague in Bombay when we set sail, we feared that we might have to go through a brief quarantine. Before the examination every ship has to fly a yellow flag, which is lowered only when the doctor has certified her to be healthy. Relatives and friends of the passengers are allowed to come on board only after the yellow flag has been lowered.

Accordingly our ship was flying the yellow flag, when the doctor came and examined us. He ordered a five days' quarantine because, in his opinion, plague germs took twenty-three days at the most to develop. Our ship was therefore ordered to be put in quarantine until the twenty-third day of our sailing from Bombay. But this quarantine order had more than health reasons behind it.

The white residents of Durban had been agitating for our repatriation, and the agitation was one of the reasons for the order.

Thus Durban had become the scene of an unequal duel. On one side there was a handful of poor Indians and a few of their English friends, and on the other were ranged the white men, strong in arms, in numbers, in education and in wealth. They had also the backing of the State, for the Natal Government openly helped them. Mr. Harry Escombe, who was the most influential of the members of the Cabinet, openly took part in their meetings.

The real object of the quarantine was thus to coerce the passengers into

> returning to India by somehow intimidating them or the Agent Company. For now threats began to be addressed to us also: 'If you do not go back, you will surely be pushed into the sea. But if you consent to return, you may even get your passage money back.' I constantly moved amongst my fellow-passengers cheering them up. I also sent messages of comfort to the passengers of the SS Naderi. All of them kept calm and courageous [1957, pp.188-189].

Antithesists refuse to utilize intervention as a means of preserving an oppressive and dehumanizing social situation. Whereas traditional forms of intervention encourage the client to accept and affirm the ethic that validates the existing social system, antithesists help their clients to detect oppressiveness and to resist it. Intervention thus functions in the service of political self-consciousness rather than of mystification and oppression.

In addition, within the antithesis, there are many interveners who would not be considered such by thesists, because their interventions aim at transforming large-scale social systems rather than individual or microgroups. These include political radicals, community organizers, the leaders of the various liberation movements, etc. All of them are operating to change a social system that refuses to some of its members the opportunity for a good life and attempts to keep them unaware of the injustice thus perpetrated.

Morton Schatzman reports on the overt collusion between psychiatry and the state in Russia:

> Upbringing in Russia does not succeed with everyone. Soviet psychiatrists today treat as ill certain adults who lack 'a conscious desire to acknowledge' the 'experience and wisdom' of the Russian rulers. The psychiatrists consider what they call reformist ideas a symptom

> of mental illness. They see many people with such a 'symptom' as paranoid, i.e., as imagining they are persecuted when they really are not, and treat them accordingly. The psychiatrists' behavior could induce or aggravate feelings of persecution in their so-called paranoid patients. If the 'patients' see as persecution what the psychiatrists see as therapy, and if the psychiatrists see the 'patients'' view as proving they need therapy, a very vicious spiral is on. We in the West see those psychiatrists as petty bureaucrats acting as if on behalf of an invisible Ministry of Social Adjustment. Probably many of the psychiatrists do not see their behavior as persecution, although not all may be naive [1973, p.148].

Since professional care givers serve as instruments of the existing social order, it is not surprising that they respond aggressively to the assault of antithesists--often by attempting to invalidate them as 'responsible spokesmen,' in the same way that they invalidate the experienced realities of their clients. It should be recognized that accredited caretakers, particularly in the child field, also have a personal interest, as a class, in turning aside antithesist criticisms. For the caretakers are parasitic on variance: their livelihood, social status, and prestige depend on an ethic that legitimizes current attitudes toward variance and their own role in the caretaking process. This may account for their strong resistance to the introduction of paraprofessionals into the educational and mental health fields.

The social psychological function of intervention. From the standpoint of social psychology, intervention is necessitated by the fact that the variant person expresses longings and impulses which are seen as unacceptable. These longings and drives are experienced as the 'not me;' to acknowledge their existence in us would be to concede that there is something wrong with us. At the same time, the

cost of suppressing these impulses is very high; at some level, we experience the need to express them, and we know that the 'not me' is in 'me.' Thus, the variant person is feared because he represents the feared side of ourselves that threatens to break through the deadly but secure continuity of everyday socialized experience. He arouses the temptation to act similarly. He must be transformed or, in any case, isolated, because he threatens the foundations of social life as we know it. The point was made long ago by Freud in his study of archaic man.

> Anyone who has violated a taboo becomes taboo himself, because he possesses the dangerous quality of tempting others to follow his example: why should he be allowed to do what is forbidden to others? Thus he is truly contagious in that every example encourages imitation, and for that reason he must be shunned...We shall see that the danger is a real one. It lies in the risk of imitation, which would quickly lead to the dissolution of the community. If the violation were not avenged by the other members they would become aware that they wanted to act in the same way as the transgressor [1950, pp.22-23].

To the extent that social order is identified with this social order, multirealists would agree that the licensing of variance by the society might indeed be a threat; however, as we have observed, the antithesist does not share with the thesist the myth that a chaotic torrent of destruction, blind and uncontrollable, rests beneath the threshhold of socialized existence. Nonetheless, the myth is operative; people and whole societies act out of regard to it. As Rhodes has observed, in this respect, men are very much like the lower animals.

> The critics see the act of intervention as a hostile act...And, in many ways, it may be. If we see the natural collective

> in action, we see many of the same actions and behaviors as we observe in our institional care given today. A strange bee, entering a beehive is attacked and extruded because he is different. A fish whose swimming behavior departs even slightly from the school is swiftly abandoned by the school and attacked by other predator fish...Behavioral ethologists say that this is the attempt of the herd, the hive, the colony, the school to protect itself and ensure its own continuity [1972, pp.58-59].

On the other hand, the periodic appearances of those who do act out the unacceptable in ourselves is also necessary to the ongoing stability of existing (social and psychological) human arrangements. For through such an individual, we can vicariously express our own unacceptable longings, and at the same time, reaffirm our disavowal that they are our own longings. Moreover, by intervening in his life--by extruding or transforming him--this evil in our midst can be ritually purged and destroyed thus reaffirming the purity of our own existence. Thus, at its deeper levels, our dealings with the variant are dealings with ourselves. As Rhodes has said:

> The critics see in sharp relief that facet of the succorance-aggression dimension which man feels toward his fellow man, and then discharges upon a proxy, a hostage of the collective. The hostage becomes a receptacle upon whom they unburden their ills, their pain, their fear. And they do this in the name of love; because the love is also there. Love for the sufferer. Love for the tormented one who takes upon himself their torment; actually, love for their tormented selves.
>
> In most of its institutional forms, care giving is a parody on love. It frequently

> encompasses the aggression, the fear, the desire to purge oneself of the difference that might separate one from the collective. In order to maintain unity, the collective frequently gives a special name to the one singled out as different. This one is called disabled, or deviant, or alien. At the very moment he is labeled, the rest of the group suffer, and they yearn to take the name away from him, to make him conform to their ideal--perfect, without blemish, without differences. At the moment, they know his pain and try to give it back to him and rid themselves of it. But they are feeling with him and seeing themselves on the other side, his side, the side that is separated from the masses [1972, pp.56-57].

Thus, although society does require the exclusion of those who threaten the existing order, it equally requires their periodic appearance. The need for periodic purges is so strong that, as Rhodes puts it, were there not variants we would create them, in order, of course, to destroy them.

The multirealists affirm, however, that what cries out for expression is not dark and evil chaos, but our own subjectivity, our own repressed longings to realize a constellation of potentialities which we have learned to disavow. Our characterization of these potentialities as evil 'not me's' is a repudiation of our own subjectivity, of our unique personhood, and is thus a feature of our alienation from ourselves. The problem of variance, in the antithesist view is the problem of being human, of self acceptance, self appreciation, and self realization.

Ron was a handsome, bright, extremely personable young Ph.D. psychology student. He came for counseling, he said because of anxiety occasioned by beginning in a new university. At his first visit he seemed uncertain about coming, evasive, ashamed of asking for help, furtively glancing out

in the hallway to be sure no fellow students might be lurking around to see him there. Yet he seemed self-assured and in command of himself.

Counseling uncovered a striking incompatibility between his exterior, preferred role and an interior, rejected self. Externally he was a highly controlled, successfully competitive, data-oriented, insensitive, objective, hard-headed scientist. He was uncompromising and cold sexually, furiously and repeatedly lecturing and castigating his wife for her sexual experiences before their marriage. He refused to respond to affection offered from either male or female.

But something had happened to him three years before. He was an experimental subject in an early psychiatric experiment with LSD. Under the influence of the drug, his hard, metallic mold had cracked and he had caught glimpses of himself that contradicted his own perception of himself. He behaved in ways that were totally strange to himself and to others. There were talents he hadn't known existed, experiences he had never known he experienced, awareness of aspects of the world that had never been there for him before.

He withdrew into himself and turned paranoid, hiding from the world this new tenderness and gentleness. He could stare for hours at the beauty of the curve of his shoe, or at the crescent sweep of his shirt front. He discovered color and form, suddenly saw and responded to art around him. He became alive to music and sound for the first time in his life.

He was very secretive about this new inner self. He became aware of warm feelings of tenderness toward men and women, and after 28 years, even discovered strong sexual responses to some of the men which he had never known in himself before. He was horrified and frightened of his feelings toward men, not able to deny them, but determined to hide them from those who stimulated them. He found himself aware of how other people were feeling, of the subliminal messages they gave out which he had never picked up before. He did not want this new-found capacity.

Even while drugged, he was aware of this discrepant person escaping from the crack in his shell, and fought very hard to push it back down. For three years he had succeeded; but the move to the new university, the uncertainty of his capacities in his new environment opened the fissure again and he was fighting hard to keep his inner self from emerging.

He had actually come for counseling, it developed, to get help in rejecting the discrepancies with his chosen personality which were pushing out again. All through the counseling process he fought to deny the soft, sensitive, gentle, perceptive, artistic part of himself, particularly that part which had insight into himself and others. He refused to abandon the hard, surface exterior, the objective, distanced scientist. He refused what he considered his neuroses, his strong feelings. He plastered over his surfaces. He gained and held control. He exchanged the porcelain figure for the man underneath.

Years later, a successful, hard-headed, competitive scientist, he was still holding his finger in the dyke, occasionally threatened by things he did not want to know, but successfully fending them off. That was the way he wanted it. That was the way society wanted it. To his colleagues and his friends and associates he was well-adjusted and successful. He was able to carry it off because he had sufficient operational defenses against his own being to hold it dormant.

The labeling process. The observation has been made that our response to human variance is identical to our response to contagious diseases: isolation and segregation. Isolation sometimes takes the form of institutionalization or location in "special education classrooms." There is, however, another form of isolation which is more insidious because it seems so very innocent--namely, the labeling process. In fact, the labeling of variant persons, particularly children, involves precisely the same consequences as does institutionalization: 1) the victim's identity as a responsible human agent, and thus as a person, is invalidated; 2) the variant behavior is supported and reinforced; and

3) escape from the unwanted situation (the institution, the label) depends on arbitrary circumstances and often cannot be accomplished--no matter how the victim in fact changes.

The label affixed to the variant individual has the function of alerting other individuals (neighbors, therapists, potential employers, etc.) that its bearer's personhood is in question, that he should be kept at a distance, or treated sympathetically or patronizingly, but must in no cases be treated as an equal. As Halleck suggests:

> Once an individual is designated a schizophrenic he becomes a pariah: he is approached with a mixture of awe, distrust, and sometimes fear by both the doctor and the general public. Employment, particularly in sensitive or important jobs, may be denied to him. The patient's pride and self-confidence are often shattered; he may view himself as afflicted with a disease which makes him incapable of controlling his most undesirable impulses. The very word 'schizophrenia' strikes fear into the heart of many people. I have seen patients who are severely depressed, suicidal, and living in severe states of mental agony, but who seemed to find a perverse kind of reassurance when I told them that they were not schizophrenic [1971, p.119].

Thus, with the acquisition of a label, the carrier becomes different from and inferior to the rest of us. To acquire a label is to acquire a destiny. The victim's identity as disturbed or delinquent comes to take precedence over other identities that belong to him or any self-identity that he might entertain; reactions to him and perceptions of him, are mediated by the awareness that there is something seriously wrong with him.

To the extent that self-respect and self-worth depend on the attitudes of others, the labeled person, particularly

if a child, will think very little of himself. A person who is constantly informed that he is bizarre, and who has no sources of self-validating feedback, will soon come to experience himself as bizarre. Thus, the labeling process has a prophetic character. If you treat a child as though he were less than human, he will cease to act as a human being; he will submit to his ascribed identity. The importance of and the ways in which expectations create realities are discussed by Rosenthal, in *Pygmalion in the Classroom* (1968), where he considers the role of teacher expectations in determining pupil performance, and by Goffman in his analysis of mental hospitals in *Asylums* (1961).

The consequences of the labeling process being so severe, it is imperative that one consider its intended (idealized) function to see whether there is any justification for its employment. Presumably, the utility of labeling systems rest in their efficiency. A label is said to summarize a great deal of observational material, as well as to communicate the way in which it can most meaningfully be organized. It therefore serves to communicate what kinds of patterns of conduct may be expected from an individual, and, to the extent that the label makes reference to a theoretical model, what is wrong with him.

However, mental health labels tend not to fulfill this purported function, because there are no clearly delineated criteria for applying a label to a given individual. The label does not indicate a particular mode of conduct that is readily identifiable, nor does it allow one to predict behavior under certain circumstances, nor, finally, is it correlated with a method of attack on the part of a clinician. Frequently clinicians will be unable to agree on the diagnosis of a given client or student; furthermore, they will not necessarily mean the same thing if they apply the same label to the person.

What makes the situation so shocking is that an arbitrary label, once acquired, tends to stick, irrespective of the victim's behavior. Among the interesting experimental situations devised to test this principle was one in which a number of people generally considered 'normal' were asked by

an experimenter to feign certain symptoms in order to be admitted into a psychiatric hospital (Rosenthal, 1968). The subjects were instructed that, on admission, they were to drop the feigned symptoms, and to declare the truth: namely, that they were not at all sick and did not belong there. In all cases, the hospital staff refused to accept such protestations; the subjects were simply not believed, and it took up to two weeks for their release to be effected. Moreover, during this period, staff notes and subjects' interactions with staff reveal that the staff quickly discovered behaviors among the subjects which justified their presence in a psychiatric hospital. Even protestations that they did not belong in the hospital, that they were normal, were treated as symptoms, rather than as hypotheses to be explored.

Studies of this kind underline the importance of expectations and preconceptions in the appraisal of another person's conduct. If one expects to find something wrong, if one is led to believe that a person is in fact severely disturbed, this expectation will condition one's interactions with and perceptions of the person; in the end, the person's behavior is interpreted as a manifestation of his 'problem.' Were there clear-cut criteria for the application and removal of a label--criteria which anyone could point to in support of a judgement--the situation might be different. But as there are no such criteria, the victim of this process enters into a Kafkaesque world in which arbitrariness reigns supreme. With the acquisition of the label, the victim faces the prospect of never being able to shake loose of it. If he acts 'normal,' he may be shamming or 'malingering,' he may be defending against his problem, he may be in 'remission.' The labeled person enters a closed system from which there is no escape--since literally anything he might do only goes to show that in fact he deserves to be in this closed system. For this reason, and others implicit in the preceding discussions, multirealists refuse to be party to the labeling process, and insist on confronting each individual as an autonomous being, who must be met face to face, being to being.

## III. COUNTERINSTITUTIONS

The far-reaching criticisms of the theory and intervention patterns of the dominant systems have already had practical consequences. By the late 1960's, new alternative institutions began to appear. They are a direct outgrowth of the counterculture's concerns. For awhile, these efforts, generally quiet and undramatic, attracted little public attention. Then, they were discovered by the mass media; briefly, the glossy magazines and television documentaries flared with images of 'hippie schools,' communes, and clinics for 'freaks.' The mass media soon lost interest, and these counterstructures disappeared from the mainstream consciousness. But the structures themselves have not disappeared. Some, of course, have failed; many have survived, and the movement has taken root and grown.

In light of the movement's professed goals to deinstitutionalize society, it may seem paradoxical to speak of "emergent counterinstitutions." Yet, as Moore notes, "the phrase suggests the emergence of viable forms of caring, unconnected to the ideology or finances of the larger culture [in Rhodes and Head, 1974, p.3]." It points to the awareness that "A strong alternative community would require social structures to anchor it against fluctuation [in Rhodes and Head, 1974, p.3]."

Counterinstitutions, as we shall see, are based on two somewhat varying views of their role. One view, perhaps best represented by the communards, seeks total divorce from dominant American society. They consider the society to be irreparably destructive, inhuman, and mad, incapable of being meaningfully reformed or changed. The only solution is to build a new society. Everything will have to be created anew. For others, counterinstitutions represent the effort to reform, or change from within, the larger society. Thus, a free school may be set up, but its founders intend the children to live and grow up in the dominant society, a society they hope will become more responsive to human needs. These two strands sometimes overlap. But the precise goal of counterinstitutions has often been a bone of contention among counterculturalists, and it is important to keep these distinctions in mind in the descriptions that follow.

Free Clinics and Radical Health Care

The American system of health and medical care, multi-realists believe, is grossly antihuman, profit oriented, and services are distributed unevenly according to wealth and class status. L. Tushnet (1971), in a book entitled *The Medicine Men: The Myth of Quality Medical Care in America Today*, observed that although the United States is by far the richest country in the world, its health care system is in a dismal condition. And the problem is not simply one of funding or finances. Tushnet noted that nonfederal support of medical research increased ten times since the end of World War II. The total consumer spending on health care soared from $19.1 billion in 1960 to $31.3 billion in 1966 to $42.6 billion in 1969. Yet, the general level of health in our society has increased minimally, if at all.

The number of deaths due to cancer and heart disease rises each year. Previously rare diseases have begun to afflict the poor and elderly in widening numbers. Some statistics are revealing: Tushnet (1971) noted that the life expectancy at birth for males was 66.6 years in 1959; in 1970 it had increased negligably to 67.0 years. During those eleven years, the United States dropped from 13th to 22nd on the world list. For females, the United States ranks 7th. A man of forty can expect to live only about four years longer than did his counterpart in 1900. The death rate per 100,000 persons (from disease only) rose from 83.7 in 1963 to 85.8 in 1965. As for the infant mortality rate, the United States ranks fourteenth in the world; in inner cities and impoverished rural areas, the infant mortality rate is comparable to that in technologically primitive Latin American and Asian nations.

But the crisis in American health care, the new antithesists believe, is not merely a problem of delivery of services to hard-to-reach rural areas, or of finding medical personnel willing to work in decaying urban centers. For the middle class, matters are not much better. Hospital costs and costs of programs such as Blue Cross and Blue Shield continue to rise phenomenally from year to year. Even for those who can afford extended hospitalization, impersonal and bureaucratic conditions within such institutions make many of them places of dread.

In the late 1960's, with the flowering of countercultural activities and protest thrusts, a radical health movement began to take root. One of the leading groups that emerged in this movement is the Health Policy Advisory Center (Health-PAC), which serves as an educational clearinghouse and political-social action organization in the field of radical health care in the society. Sponsored by Health-PAC, Ehrenreich and Ehrenreich prepared an in-depth analysis of what they called "the American health empire." They commented in their introduction:

> Every day three million Americans go out in search of medical care. Some find it; others do not. Some are helped by it; others are not. Another twenty million Americans probably ought to enter the daily search for medical help, but are not healthy enough, rich enough, or enterprising enough. Health care is scarce and expensive to begin with. It is dangerously fragmented, and usually offered in an atmosphere of mystery and unaccountability. For many, it is obtained only at the price of humiliation, dependence, or bodily insult [1970, p.4].

The dominant system of health care delivery, multirealists contend, is an affront to human dignity on several grounds: it is culturally biased and institutionally racist and sexist. There is no coherent, humane pattern of organization and community concern. Ehrenreich and Ehrenreich tersely observed:

> Most people who have set out to look for medical care eventually have to conclude that there <u>is</u> no American medical system--at least there is no systematic way in America of getting help when you need it, without being financially ruined, humiliated, or injured in the process. What system there is--the three hundred thousand doctors, seven thousand hospitals and supporting insurance plans--was clearly not designed to deal with the sick [1970, p.17].

In response to these abuses, some multirealists have begun to experiment with alternative systems of health and medical care. Popularly known as 'free clinics,' these have attempted, with mixed success, to meet the crisis of American health care with humane, personalized, and locally-oriented and controlled activity. In an analysis of the free clinic movement, Bloomfield and Levy defined the essence of the philosophy of these counterinstitutions:

> All free clinics have, with varying clarity, focused on a vision of good health care which they try to represent in their activities. (1) Health care is a right and should be free at the point of delivery. (2) Health services should be comprehensive, unfragmented and decentralized. (3) Medicine should be demystified; when possible patients should be permitted to choose among alternative methods of treatment based upon their needs. (4) Health care should be deprofessionalized; health care should be delivered in a courteous and educational manner. Health care skills should be transferred to worker and patient alike, and they should be permitted to practice and share these skills. (5) Community worker control of health institutions should be governed by the people who use and work in them [1972, p.35].

Traditional health care establishments are frequently accused of mystification; that is, patients are almost always prevented from knowing, clearly and unequivocably, why the doctor and/or pharmacist is taking a particular course of action. Diseases and drugs are called by obscure Latin or technical scientific names. The patient is reduced to an insurance number in hospitals and medical centers. He is shuttled from one specialist to another without regard to his status as an individual human being, capable of not only understanding the process of cure, but of taking an active part in it. In free clinics, doctors step down from their pedestals, so as to participate in a mutually satisfying

caring relationship. The antithesis view says that health system personnel are themselves depersonalized by these large, bureaucratic systems, and that given alternatives, many of such personnel would gladly move into more fulfilling forms of caring for the weak and infirm.

These antithesists in the medical field believe that the human being has its own natural healing forces. Just as there is within each child and adult an innate tendency to learn and explore one's world, each person has within him powerful energies for physical health. Dominant medical systems, allied as they are with the major drug companies, underplay the possibilities for individual self-healing. In contrast, the countertrend in medicine is to prescribe the minimum of drugs. There is an increasing interest among some health personnel in natural healing, involving the use of herbs and organic foods, body awareness, massage, and Eastern forms of physical conditioning, such as Yoga. There is, at the root of such approaches to health, the belief that the natural state of the human being is not illness, tension, or disease. It is felt that the ever increasing health problems in our society are not individual disorders primarily, but manifestations of the destructiveness of our social-physical environment.

In daily practice, free clinics handle mainly minor or easily treatable health problems such as pregnancy and venereal disease testing, colds, abrasions, and minor infections. Beyond this, they serve as informal referral centers, and fulfill other caring functions. Day child care is provided by some clinics; others provide legal and housing assistance. Counseling programs usually emphasize group rap sessions, often focusing on drug addiction problems.

In their organizational structure, free clinics aim for decentralization and local community control. They usually employ a small staff of perhaps four or five full-time workers, relying on volunteer support for the rest of their services. Staff members are chronically overworked, and Bloomfield and Levy noted that, "Every clinic is confronted by more patients than it can handle [1972, p.37]." A democratic central committee guides policy decisions, and usually is composed of workers and community members. Financially, free clinics,

like free schools and nearly all counterinstitutional groups, are quite poor. The average budget of about $30,000 per year is derived largely from small contributions and fund raising events. Some free clinics rely on public agencies, Medicaid and medical institutions for support. Although they seek autonomy from the dominant health care systems, through lack of funding and manpower, they are, to varying degrees, still somewhat dependent on hospitals, drug companies, and governmental health departments for assistance.

It is this dependency, however unwilling, that has led in some quarters to more outright confrontations with the dominant health care system. Many activists within the radical health movement have urged that free clinics address themselves to more immediate political concerns, such as legal and extra-legal efforts to make public hospitals more responsive to the poor and to minority group members. It is further argued by some antithesists that free clinics serve an unconscious pro-establishment role in taking pressures off the public health bureaucracies. In keeping with this belief, groups such as the Puerto Rican Young Lords in New York City have taken to institutional confrontation rather than initiating their own clinics. In Chicago, several free clinics have supported sit-ins in local hospitals and medical centers, in order to achieve more equitable minority admissions in personnel recruitment, and to improve service at regular outpatient clinics.

The future of the free clinics is, like other attempts at counterinstitutions, uncertain. The large medical centers seem to be willing to absorb them, as slightly more Bohemian, but ultimately nonrevolutionary, forms of standard health care. That is, dominant systems appear interested in converting free clinics to their own framework. Whether this will succeed or not is a question which depends at least partly on the goals of free clinics themselves. If, as in the case of the minority group efforts described above, members seek to radically transform the prevailing health system, then conciliation is less likely, as is a gradual absorption into establishment ranks. Increasing dissatisfaction among the general public with the quality and cost of dominant health care may lead to greater support for the more personal and demystified care given by the free clinics.

Otherwise, many antithesists argue, direct confrontation may be the only means for dismantling the "American health empire."

Alternative Schools in a Pluralistic Society

Public school is considered by multirealists to be a highly destructive social institution. They argue that the school is a primary instrument of socialization, serving to inculcate in children the values of a one-dimensional society. These values and behavioral ideals, greatly inhibit the potential for self-growth in each child. Children are taught to be submissive and fearful of deviation. Each child is taught to conform to a uniform set of rules that permit a minimum of individuality or self-expression. Thus, Jules Henry (1963, p.292) writes that:

> School metamorphoses the child, giving it the kind of Self the school can manage, and then proceeds to minister to the Self it has made.

Peter Marin (1969, p.65) similarly echoes an antithesis view of what public schools do to children:

> They manipulate them through the repression of energies; they isolate them and close off most parts of the community; they categorically refuse to make use of the individual's private experience. The direction of all these tendencies is toward a cultural schizophrenia in which the student is forced to choose between his own relation to reality or the one demanded by the institution. The schools are organized to weaken the student so that he is forced, in the absence of his own energies, to accept the values and demands of the institution. To this end we deprive the student of mobility and experience; through law and custom we make the only legal place for him the school, and then, to make sure he remains dependent, manipulable, we empty the school of all vivid life.

The process by which children become alienated from their true, inner selves, is not considered unique to the public schools. Throughout adult life, we are taught to suppress our own feelings and beliefs, and to submit to the dictates of the more powerful segments of the society. In a very real sense, public schools do prepare young people to function as 'normal' members of the dominant society. But this role is precisely what multirealists reject. If the society's dominant norms and values are repressive and destructive, then any institution which perpetuates these qualities is detrimental to human beings. And the schools, with their major control over the lives of children, are seen as among the most important forces in the society.

Antithesists often distinguish between schooling and education. Countertheorists such as Paul Goodman (1962), Ivan Illich (1971), Everett Reimer (in Rhodes and Tracy, 1972) and others have argued that the two terms are not at all synonymous. In fact, in our society, they tend to be contradictory. Reimer comments:

> I do not regard schools as truly educational but, more nearly, as an institutional perversion of education. In my opinion, schools not only prevent true education from occurring, they actually mis-educate. They teach not what is relevant and true but what is irrelevant and untrue to the interests of their students...I define education as the conscious use of resources to increase people's awareness of the relevant facts of their lives...the present functions of schools...are to shape the young to the requirements of a social system which cannot, itself, bear critical appraisal [in Rhodes and Tracy, 1972, pp.484-487].

Education is viewed from the antithesis perspective as a process of individual self discovery and self direction. One can help nurture the child's natural energies of imagination and creativity, but instead public schools impose a

particular view of the world, an ideology, upon the child. This 'stepping-in' to the childs' phenomenological world has little to do with learning, or with developing the child's abilities of critical thinking. It limits the range of freedom for the individual, for the school is the only legal and legitimate path to adulthood in the society. By establishing compulsory schooling laws in every state and increasingly more rigid schooling requirements for jobs, the dominant society attempts to insure the continuity of its symbol universe. The child is not encouraged to engage in direct contact with the adult society. Rather, he is isolated from its daily life, and prevented from coming to personal terms with it. The school acts as a barrier to his education, in the fullest meaning of the word.

Free schools, as one form of alternative schools, are designed to redress what they consider to be the harmful aspects of the public schools. Free school advocates are aware that the public schools are themselves changing. But, they believe, these changes are minor and of a superficial nature. Team teaching, mini courses, open classrooms--all these are seen as basically insignificant, reformist attempts which simply gloss over the critical characteristics of the school in mainstream society: namely, that it is compulsory and is supportive of a uniform reality.

What are some of the main features of free schools that distinguish them from the regular public schools? One important aspect is the rejection of traditional social roles. Antithesists believe that these roles hinder man from realizing his true potential, that people in our society become trapped behind the social masks of status, salary, and hierarchy. Thus, the traditional school roles of administrator, teacher, and student are either discarded completely, or held to an absolute minimum.

The teacher loses the symbols of authority, the role supports; gone are examinations, attendance lists, and grade-granting power. Children cannot be coerced into listening to him/her; in A. S. Neil's *Summerhill*, for instance, no child is required to attend classes. Without the existence of the role constraints that characterize regular public schools,

both children and adults may participate more fully in a mutual caring and learning process. Adults learn from children, just as children learn from adults. There is a radical revision of the traditional authority structure. At times, in a total community (i.e., communal) school, all members engage in common activities, such as house cleaning, building furniture, and foraging for equipment and supplies. The child is not divorced from community life by being labeled and locked into a single role called 'pupil' or 'student:' he is viewed as an active, legitimate member of the community, be it commune or larger society.

Free school adherents believe that learning is an intensely personal, self-guided process. Moore observes that:

> The free school supports the romantic notion that each individual has his own unique style of learning. It refuses to accept labels like 'slow learner' or 'discipline problem,' arguing that everyone learns at his own speed and often by bizarre means...Thus, free schools resurrect the cliche of 'do your own thing.' Thereby, they eliminate the competition that characterizes public schools [in Rhodes and Head, 1974, p.18].

In the free school, the traditional curriculum is greatly changed. There is no, 'fixed' material to be learned; the curriculum is related to on-going life experiences and to the complex activities of the larger community. The adult offers direction, aid, resources, but does not force it on the child. This description does not imply that there are no rules at all in free schools. Children are made aware that they exist in a world of other human beings and other living things. Respect for the natural environment, for the larger ecology, is a value often stressed in free schools. But basic to their operation is the belief that learning is most effective, and is of most value to the individual, when it occurs in an atmosphere of daily living. The child learns at his own pace.

There are rarely grades or standardized measures of achievement in free schools. Since each person is believed to be unique and self-directed, there is no longer any rationale for such devices as IQ tests or other age-norm scales. Indeed, the very concept of educational 'normalcy' is questioned, and rejected, as a violation of the personal integrity of each human being. Labels such as 'mentally retarded,' 'emotionally disturbed,' or 'learning disabled' do not exist in free schools. Children may be recognized as being in need of special attention and resources, but no categories or classifications are employed and no stigma is attached.

In contrast to the highly formal, bureaucratic organization of the public schools, free schools tend to be organized in a loose, informal structure. Most free schools are run by consensus and participatory democracy. Youths and adults share decision-making power. There are no centralized bodies of power, like boards of education or district superintendents. Free schools aim for total neighborhood or local control, and retain a relatively small population size. Individual free schools may unite with others of like kind on various issues and projects, but each school remains an independent reflection of its own unique composition of youths and adults.

Another special type of alternative school is the freedom school, created by minority communities. Less concerned with issues of self-actualization, individual freedom, or creativity, these structures seek to build academic skills, ethnic and racial pride, and community power. Their goal is to redress social grievances, wrongs suffered by their members within the larger society. Thus, they are part of the wider struggle against racism and cultural bias, which frequently characterizes mainstream society. Children are often taught traditional basic skills, coupled with an emphasis on racial or minority group identification. Freedom schools govern themselves along more formal lines; they are usually run by a board of citizens and professionals. Unlike free schools, which are funded largely by tuition and contributions, freedom schools are able to tap many federal and state sources of money. As Moore notes, "foundations are particularly sensitive to ethnic minorities and distribute grants to groups like the East Harlem Block Schools [in Rhodes and Head, 1974, p.27]."

This is not to suggest that freedom schools are financially thriving. Both free schools and freedom schools are plagued by chronic monetary difficulties. In some instances, their innovations have been absorbed by the regular public schools. Moore (in Rhodes and Head, 1974, p.29) notes that in the Berkeley, California School District, funds are already being allocated to free school programs, and free schools are given limited access to public school classrooms. In other cases, free schools have been met with indifference or outright hostility on the part of regular school authorities.

There are other forms of alternative schools which the multirealists support: the street academies, the folk schools, the commune schools, etc. They even see the logic of strict thesis-type schools now being demanded by strongly traditional segments of society, which are called 'alternative schools.' These schools, based on strict inculcation of discipline, of strict adherence to subject-matter teaching, operating with dress codes, etc., are seen as pluralistic expressions of 'community' self-determinism. The multirealists make common cause with these conservative groups in seeking a break-up of the uniform, centrally controlled, single dimensional organizational form of THE PUBLIC SCHOOL. They would also join the conservative thesists in the goal of separation between Education and State, such as that which exists between Religion and State. Educative freedom is as important to these groups as is religious freedom. Each identity group should be free to form its school in its own image.

Existing alternative schools may be absorbed into the regular public school system as alternative programs. Another possibility is that the movement may win limited victories, maintaining their fragile but separate existence outside of the public schools. On the other hand, growing dissatisfaction among citizens concerning the increasing expense and turmoil of the public schools may lead to a wider embracing of the more informal, grassroots education advocated by multirealists. The public schools may thus begin to decentralize in earnest, abandoning role hierarchies and rigid certification requirements. Another alternative of course, is that increased threats experienced by public school

officials may lead to more direct confrontations between these two forces. Student and parent strikes, teacher walkouts, and other militant actions against mainline public schooling may bring about either a severe curtailment of the influence of the schools (such as a legal blow to compulsory schooling), or else a reactionary move that would eliminate free schools, freedom schools, and other dissenting efforts.

Radical Mental Health Care

The 'mental health system' is condemned by multirealists. It is important to distinguish thesis, or 'within-house' criticism of this system from that of the radical dissenters or antithesists. Few persons, no matter how closely linked to official policy or funding involvements, will defend conditions that have existed in such state hospitals as the one in Willowbrook, New York. Even fewer will advocate a status quo continuation of such conditions. Thesists do not, however, question the basic assumptions on which the system is built, though they may deplore misuse of the system.

One antithesist criticism of dominant mental health care is that it acts primarily as a device for social control. Instead of providing means for the troubled individual to come to terms with his/her life problems, mainstream society either offers no assistance at all or forcibly incarcerates that person when his/her behavior violates deeply held social norms. Under the guise of 'therapy' or 'help,' the mental health system removes and isolates those individuals whose deviant behavior the society cannot tolerate in its midst. Thomas Szasz, one the founders of the radical mental health movement, commented:

> Involuntary mental hospitalization remains today what it has been ever since its inception in the seventeenth century: an extra-legal, quasi-medical form of social control for persons who annoy or disturb others and whose nonconformity cannot be controlled through the criminal law...Commitment is still punishment without trial, imprisonment without time limit, and stigmatization without hope of redress [1971, p.57].

Goffman (1961), in a landmark examination of patient life within state mental hospitals, noted that such structures were "total institutions," in which, "...the inmate's separation from the wider world lasts around the clock and may continue for years [p.14]." In the process of institutionalization, Goffman found, an almost systematic dissolving of the patient's identity takes place. He stated tersely:

> I am suggesting that the prepatient starts out with at least a portion of the rights, liberties, and satisfactions of the civilian and ends up on a psychiatric ward stripped of almost everything [1961, p.140].

It is crucial to understand that multirealists do not simply argue for reforms--such as better food, more patient privileges, higher staff-patient ratios, etc.--within the dominant mental health care system. Rather, they question the society's concepts of normality, deviance, and the legitimacy of the individual's perception of reality. In more concrete terms, they challenge the right of the dominant society to incarcerate, for an indefinite period of time, persons who have committed no crime but that of having an alternative view of reality. The 'right to treatment,' it is argued, is a gross infringement upon the liberty of the individual unless he/she willingly and freely seeks psychological assistance.

An important thrust of the radical mental health movement, therefore, has been on the legal front, with efforts directed towards safeguarding the constitutionally guaranteed rights of persons labeled, or in the process of being labeled, mentally ill. The purpose of such court battles is not only to aid those individuals already under the power of the mental health system, but also to make it impossible for the institutions to function as they have traditionally done. That is, it is believed that if the patients were given full legal rights, these institutions could not exist in any semblance of their present form; they would be forced to undergo radical change.

Ennis and Siegal (1973), in a handbook sponsored by the American Civil Liberties Union, documented the current limbo status of legal rights being sought for mental patients. These as yet unrealized guarantees include: the right to a free lawyer, periodic review of hospitalization, complete access to one's own hospital records, unhindered communication and visitation, religious freedom, just payment for work, and control of personal property. The right to refuse treatment, be it psychotherapy, medication, shock therapy, or psychosurgery, is considered an absolutely inviolable principle.

That basic constitutional rights have been denied to persons labeled mentally ill, highlights the argument of the antithesists. The mental health care system, like the public schools and the health care system, is more concerned with protecting and perpetuating social norms than with tolerating or promoting the individual's right to be different. Ennis and Siegal noted, for instance, that mental patients have even fewer legal rights than convicted criminals. They commented:

> Even if the patient or prospective patient has a right to a free lawyer, most states will not give him one unless he affirmatively demands that a lawyer be assigned. That is a strange rule of law. It places upon a person alleged to be mentally incapable of caring for himself the affirmative burden of protecting his interests by demanding the appointment of a lawyer. Persons charged with crime do not have to demand lawyers. If they are poor, they are automatically assigned lawyers, whether they ask for them or not. Furthermore, alleged criminals are not permitted to 'waive' or give up their right to a lawyer unless the court finds that the waiver was 'knowingly and intelligently' made [1973, p.41].

Halleck, in Mowrer (1967), in an article entitled "The Criminal Problem with Psychiatry," observed that most criminals will go to great lengths to avoid being committed to a mental institution. He commented that, "It sometimes seemed that the psychiatrist was feared more than the custodial office [p.83]." Halleck went on to say, however, that this fear of involuntary commitment was not an unreasonable one; that life in prisons, bleak as it may be, was probably preferable to life within state mental institutions.

The status of legal rights for juveniles labeled mentally ill or emotionally disturbed is even worse than that for adults. Ennis and Siegal observed:

> Most states permit the parent or guardian of a person under the age of 21, 18, or 16 (depending upon the state involved) to sign an application for the admission of his child (or ward). The child is then treated as a voluntary patient, even though he may vigorously protest his hospitalization. Very often parents sign their children into mental hospitals as punishment for disobeying parental orders, or because they disapprove of their children's life-style. If a minor begins using marijuana or LSD, or leaves his parents' home and moves into a youth commune, it is not at all unusual for the parents to react by signing him into a mental hospital as a 'minor voluntary [1973, p.38].'

The dominant mental health system is considered by antithesists to be, in large measure, an elitist organization, run and controlled by a nucleus of professionals. This nucleus, overwhelmingly white and upper-middle class, is seen to perpetuate cultural and racial biases. The conception of 'community mental health,' as carried out in actual practice is deemed a fraud: members of the community are involved only as 'para-professionals;' such centers are felt to be contemptuous of true community needs or fearful of community demands.

Ehrenreich and Ehrenreich (1970) documented the way in which the Federal Community Mental Health Act of 1963, hailed as a landmark of social legislation, was actually implemented. For instance, in New York City private hospitals made use of public monies to further their own prestige and interests "for space, for funds, for grantworthy 'demonstrations' [p.94]." In numerous instances cited, monies allocated went predominantly into staff salaries, new positions, additional construction, and administrative costs, rather than into providing concrete services for the impoverished neighborhood populace. The authors commented that this pattern is far from unique, that in many other urban centers:

> For the poor, there are no mental health services--only various degrees of detention and isolation. For the middle-class patient, facilities exist, but it is questionable whether any of them will be interested in the particular set of problems the patient presents at the time he presents them. From a public policy point of view, the system is irrational, expensive, and grossly wasteful of manpower [1970, p.78].

Why is the mental health system in this condition? Multirealists, as we have indicated, view the problem as one substantially deeper than that of inadequate or poorly distributed funds. It does not take very much money, they suggest, to grant a person fundamental human rights; nor is the individual's right to refuse classification and treatment a principle dependent upon additional personnel or their more rigorous training. Rather, antithesists believe, the dominant society must begin to earnestly change its conceptions of normality and deviance. The variant person, they argue, is simply enacting each human being's potential for uniqueness and creativity. Furthermore, the individual who voluntarily seeks psychological assistance needs to be affirmed in a mutual caring relationship; to this end, his/her identity deserves the greatest respect and integrity, not the stigma or betrayal that is seen to characterize prevailing mental health operating patterns.

In order to counteract what are perceived as the destructive qualities of the dominant mental health system, antithesists have attempted to establish their own therapeutic environment. They have sought to replace the bureaucratic, professionalized structures with more personal, demystified, caring systems. One such system is the crisis center. Although this type of facility has been embraced by some thesists, Clark and Jaffe (in Ruitenbeck, 1972), noted that there frequently comes a time when a crisis center moves from an innovative-professional model to a counter-institution. They observed:

> Dissatisfied with existing social services and aware that their values are at variance with those of the established social order, individuals begin to radically reexamine the nature of organizational structures and the assumptions inherent in a program's concept of service [1972, p.212].
>
> The counter-institution is founded by young people who want to create an extended family experience, where everyone helps everyone else, centering on the common survival problems [1972, p. 214].

One representative therapy collective is "Number-Nine," founded in New Haven in 1969 by former mental health workers who had turned towards the counterculture. Dealing with over 5000 young people a year in a variety of crisis situations (e.g., family, drugs, school, jobs), Number-Nine views itself as an extended family--a group of equals. Staff and client boundaries are dissolved, and "No structural or theoretical limits are placed on relationships [1972, p.228]." Furthermore, advocacy is perhaps put to its ultimate test: the Center has frequently found itself embroiled in parental law suits, and even physical assaults by irate, adult community members.

Basic to the operation of this and similar counter-institutions is the notion that the values and norms of the dominant society are often the chief cause of the client's distress and suffering. Staff do not consider themselves 'value-free;' they generally agree that mainline society is in need of significant change--that it is presently destructive to human growth and potential. The young person who flees his/her home or turns to drugs may be seen as involved in a searching quest for identity in an uncaring society. Clark and Jaffe, in discussing the role of Number-Nine in helping troubled youth, commented:

> Within the counter-institutional model, attention is directed to organizing groups of young people dedicated to social change, thus influencing their environment...Many times the 'treatment' of a young person is his inclusion in a confrontation, or struggle, with an oppressive situation [in Ruitenbeck, 1972, p.228].

Policy decisions are made by staff in meetings which are democratically, collectively run and which are open to clients and community. There is no staff heirarchy, and the participation of young people is sought at all levels to insure responsiveness to their needs.

Another type of therapy collective is exemplified by "Changes," a "help network/crisis phone struggling to be a therapeutic community [Glaser and Gendlin, 1973, p.140]," located in a church sponsored coffee shop near the University of Chicago. Like many of these structures, it operates under the auspices of a sectarian organization and is oriented toward the youth culture which often exists in a university environment. Telephones are open every evening for casual or or more intense conversation ('rapping'); the Changes membership may make referrals, visits, invite lodging, or offer other kinds of assistance depending upon the individual situation. The facility is thought of as a community, with no emphasis on roles or social hierarchies. Glaser and Gendlin write:

> Anyone who calls or comes for help is invited to become part of the Changes community, which tries to make as few distinctions as possible between helper/ helpee [1973, pp.140-141].

This dissolving of role relationships is in direct contrast to the highly formal and ritualized interactions that take place between therapist and client in the dominant mental health system. Goffman, in discussing patient-therapist relationships in the state mental hospital observed:

> The psychiatrist and patient tend to be doomed by the institutional context to a false and difficult relationship...the psychiatrist must extend service civility from the stance of a server but can no more continue in that stance than the patient can accept it. Each party to the relationship is destined to seek out the other to offer what the other cannot accept, and each is destined to reject what the other offers [1961, p.368].

The concept of deprofessionalization is crucial to the operation of radical mental health communities. Antithesists believe that staff members are dehumanized in the dominant system, just as clients or patients are. True caring encounters, they feel, can only take place when persons drop their social masks, and relate to each other freely and openly without pretense to degrees, credentials, or social status.

Moore (in Rhodes and Head, 1974, p.35) notes that there are approximately 200 to 300 centers such as Number-Nine and Changes in the United States, and that they are financed in a haphazard way. Some rely on governmental grants, or sectarian support, and are thus dependent upon the very establishment they despise. Others seek financial independence through fund-raising efforts, or by merging with other counterinstitutions, such as food cooperatives and group communes. As with other attempts at building alternative institutions, radical therapy collectives presently maintain a fragile existence.

A third model for antithesis patterns of mental health facilities is provided by the work of R. D. Laing and his colleagues. Originating in the London area with psychiatrists who rejected dominant views of psychopathology, particularly of schizophrenia, a series of "households" was established. Kingsley Hall was perhaps the most well-known of these. The intent behind this effort was to provide the person labeled 'mad' or 'schizophrenic' with a supportive, humane environment in which he/she could safely undergo the intense inner voyage that was being experienced. Laing stated:

> Some of us in London have set up a number of households where we do not play in the game of saying we are not one of them or one of you. We have changed the paradigm. Someone is involved in a desperate strategy of liberation within the microsocial situation he finds himself. We try to follow and assist the movement of what is called 'an acute schizophrenic episode' instead of arresting it [in Ruitenbeck, 1972, p.15].

In the therapeutic environments provided by Kingsley Hall and other homes in the "network," persons were allowed to fully experience their altered states of consciousness. Labeling and diagnosis was dropped. There was a conscious breakdown in roles and social hierarchies. The households were communities in which therapists and clients lived together. All individuals related to one another simply as people. David Cooper, another important figure in the radical psychiatry movement, and a co-worker with Laing, discussed his role in this type of setting:

> My role is that of anti-guru. I want everyone to take leadership in their <u>own</u> hands--the breakdown of the teacher and the taught, the doctor and the patient, and all those fake binary roles--until you are left with just the person you are: with your true identity, in fact [Ruitenbeck, 1972, p.62].

The ideas of Laing, Cooper and others have been transported to the United States. In May, 1971, Soteria House was opened in San Jose, California (Moore, in Rhodes and Head, 1974, p.40). Funded by an NIMH grant, the effort is based on a Laingian conception of schizophrenia. Staff, for the most part, live communally with 'patients,' and seek to foster close, personal relationships. Rather than denying or mystifying the individual's experience through labeling or top-down treatment, the goal is to allow the person to go through the experience of madness, in what is regarded as a potentially self-curative, self-healing, and perhaps even ultimately beneficial process.

The future of these and other alternatives to the dominant health system is possibly an optimistic one. Many thesis spokesmen have begun to call for the dismantling of the large state hospitals, into smaller, outpatient units. In some mental health quarters, the ideas of Laing and other radical psychiatrists have gained increasing prominence. There is currently a strong legal drive to win fundamental human rights for mental patients, rights which, if realized, would have substantial effect on traditional operating patterns of the mental health system. Ultimately, as antithesists maintain, a radical transformation of the prevailing system is dependent upon deep changes in social attitudes towards the deviant. Until the right to be different is recognized, until individual uniqueness is something to be celebrated rather than feared, the mental health system will undergo only minor changes.

## IV. REVOLT FROM THE CONVENTION OF HUMAN CARE: A SUMMARY

### Reality

The thesis position in care giving, essentially assumes a single inherent reality. This reality is independent of the viewer. It is the object of discovery which guides research and theory. Theory is used to model this reality, existing 'out there.' Intervention and treatment is undertaken against the modeled reality as an objective standard. Education attempts to discover and teach this reality--against which both the individual and group take their own measure. It is the index of what is normal and abnormal in growth and development, perception, behavior and life-orientation.

The new multirealists take an antithesis position with respect to reality. There are multiple realities which coexist. It is not tenable to base theory, research and intervention on an assumption of a single, independent reality, existing outside the viewer. The antithesis position challenges any justification for declaring some states of being, some systems of perceptions, some pattern of beliefs as normal and reality based, and others as abnormal and departures from reality. Any theoretical model or value system which is built upon such assumptions is suspect. If it presses upon individuals the acceptance of a single reality standard, or judges him against this standard, it is coercive and chauvinistic. If it enforces this standard by locking individuals into social-scientific categories (e.g., insane, homosexual, retarded, etc.) which prescribe social responses to and perceptions of him and if it infringes, in any way, upon his legal, personal and social rights, it is a violation of the very being of the individual. Such situations are pejorative, demeaning and subject to legal redress.

### Rationality

The thesis position asserts that rationality is man's greatest achievement and his most important capacity. To seek knowledge, to adapt, to master one's self and one's environment, man must rely upon his reason. Rational states of being are preferable to nonrational states. They are

necessary for an orderly and understandable society. Nonrational forms of knowing, of being, of living, are not only undesirable, but need to be changed toward rational forms. An individual existing in such nonrational forms needs help, needs intervention or correction so that he moves toward the rational ideal.

The antithesis view of the multirealists challenges this thesis view as conventional wisdom. It accepts nonrational states of being, experiences, and perceptions as equal with rationality. Castenada's experiences with the separate reality of sorcery, for example, is equally acceptable to the multirealist as is the socialized reality conditioned through conventional wisdom. The multirealists affirm the reality of special human states, such as schizophrenia, and assign them equal status with conventional states of normality. People experiencing such states of being should not suffer social isolation, confinement, or be divorced from daily commerce in the community mainstream. Multirealists say that such states should be accepted in their own right and allowed equal protection alongside conventionally defined reality. This equal protection should be assured by law, supported by advocates, and championed in social practice and customs, just as Blacks, Gays or Women are being accorded such rights today.

For example, schizophrenia is considered by multirealists as an alternative reality, a legitimate form of being, one which has been a common human experience across cultures and eras. It can have an institutional existence in our society in the same way that saints and their visions have been part of our social reality in the past. To deny the schizophrenic experience its own social reality, and to focus the power and resources of society upon its elimination, no matter how well intended, is a violation of human rights. Customs, legal practices, or professional practices which support such exclusions are, themselves, in violation of human and social rights.

Normality and Alienation

The dominant point of view about normality is that normal man is the keystone to civilization. The majority in

our society represent this state of normalcy, and they reflect an inherent biophysical wisdom. They are the healthy, standard-bearing members of society, who give it order, organization and meaning. Those who deviate from this standard are alienated from the adaptive stream, and compassion must be shown toward them by helping them to better adapt to the world.

The antithesis position with respect to the prevailing conception of normality challenges this stance. Modern normal man, it claims, is alienated from his world and from his own being. The normality of the majority is a bizzare sickness, a general plague which has spread across the world. Modern man is hiding from his own affliction. The perceptual bubble surrounding his image of himself shuts off all awareness of his condition. The visions of abnormality which he projects upon certain minor members of his society are merely a mirror reflecting himself. He does not want to look at these reflections and denies that he is viewing his own face which he fears so much.

Normalcy in men, claim the antithesists, is badly in need of rectifying. Normal man has killed thousands of his fellow normals in the last few years. He affirms his normality by locking up hordes of his fellow members behind confinement walls. He fights constantly to defend himself from knowing what is going on inside of him. He condemns and restricts wide ranges of sexuality, while at the same time, practicing all of these forms he condemns. He wants to be close to his neighbors but he separates himself from them with mental images such as Black, Jew, poor. He hates the imposition of many of the social roles he occupies while at the same time fiercely competing with his neighbors to occupy these roles.

The multirealists say that normal man badly needs to understand his state of alienation, to have compassion upon himself, and to allow himself to be.

Rectifying Variance

The thesis position looks upon certain states and conditions of variance as unfortunate and in need of rectifying.

Compassion should be shown toward individuals who are unfortunate enough to be born into or to fall into such variant states. The resources of society should be mobilized to correct the condition of such individuals and to wipe out the possibility of such occurrences in the future.

The antithesis stance of the multirealists is that such a position is untenable. Instead of treating forms of variance as conditions which need to be abolished, they should be embraced and celebrated as important affirmations of existence. The strength of a creative society lies in a rich variation in states and conditions of being. Such variation frees us from the imposition of a locked in, narrow cultural ideal of the kind of person we have to be in order to exist in society. Instead of one character or trait type, multiple trait types can exist. Those of us whose being does not conform to the cultural ideal, are freed to accept and love ourself. Society is not so all-powerful that it can co-opt all of us and condition all of us to fit its prescriptions; we can break out. There are new possibilities, whereby a given state of being can be transformed from something ugly, undesirable, and alienated into the opposite--beautiful, desirable, and belonging. The transformation implied in "Black is beautiful!", "I am woman!", "Gay is liberation!", are concrete occurrences of this dramatic transformation.

We should not try to wipe out variant conditions. Instead of making war on these conditions we should try to understand their meaning to us. We must know the psychotic experience, the neurotic experience, the gay experience, etc., for what is precious in it, not for the revulsion we may feel toward it. We must not lock deviance out, but bring it in our midst to teach us what we should know about ourselves, and allow us to experience the rich range of what we are and could be.

Paths to Knowledge

From the thesist point of view one attains knowledge through rational processes. To really know is to know through one's reason. Civilization is built upon reason and its continued growth depends upon institutional means of

developing the rational processes of its citizens from the very earliest age. Man knows through his intellect; the constant exercise of, and full use of his intellect is necessary to man's survival. Therefore, we must teach children from a very early age to treasure their intellect as their dominant means of knowing their world. We must construct environments around them which nourish their rational process and so shape and stimulate these processes that they become the controlling force in children's lives, orchestrating and disciplining their character traits, their talents and capacities.

The multirealists are rising to challenge the soundness of this strong social conviction. Reason is not the only way of knowing. We have built reason to such a position of power that intellect tyrannizes being. The world, claims the antithesist, is always apprehended through many human modes, not just the cognitive mode. By insisting that intellect dominate, we are closing ourselves out of multiple channels of knowing ourselves and our world. We are alienating ourselves from our own being in the world. We are starving ourselves and cutting off crucial channels of knowledge. In our pursuit of reason, we have elevated cognitive learning and knowing to a pinnacle position which forces single dimensional growth on the person. Furthermore, we now exclude vast numbers of individuals from the educational resources of our nation. This pursuit of rationality is a form of educational imperialism which denies full educational rights to most citizens. It intimidates all students into accepting the dominance of intellectual modes of apprehending. It subjugates many who do not have this capacity strongly represented in their existence. The thesis position tyrannizes all noncognitive modes of apprehending and learning by calling them retarded and refusing to accept their legitimacy within the channels of education.

The multirealists ask equal opportunity for other forms of learning within the structures of our social institutions, and sees their exclusion as a denial of the basic right to learn.

## V. PREDICTIONS

What conclusions can be drawn from *A Study of Child Variance* and the discussion of the multirealist alternatives presented in this monograph? What is likely to happen in the next ten to fifteen years?

There are significant trends in the field in many different directions. Prediction, therefore, will be a set of statements open to controversy. However, the following speculations are offered for consideration.

There will be the beginning of profound and radical changes in caring, caretaking, and human services in the next decade. This general statement encompasses all of the following predictions. It is based on the fact that we are in a crisis stage of human care and care delivery. The public, the professionals, the care receivers are all restive. All are in revolt against the caretaking enterprise as a national effort. They are distressed that they are captive to a set of massive social-cultural-political arrangements which produce an ever-tightening web around them. They seek liberation from the encompassing entanglements and freer expression of their caring and compassionate impulses.

There will be a change in the basic relationship between caretaker and care recipient, whether this is a teacher-student, counselor-client, therapist-patient, or other caretaking duet. The unidimensional role of each member in this dual exchange will be moved toward a more bilateral relationship. For instance, coteaching might emerge to blur the role boundaries between teacher and student; cocounseling might develop to provide a different kind of psychological exchange between counselor and client; friendships between such caring dyads might develop; love might grow between them.

The dyads will, in many cases, become serialized. That is, in place of the one-to-one relationship, there will be interdependent clusters, giving and taking from each other.

Within the next decade, a new perception of human service will emerge. Social service models, quite different from those which have guided national efforts since the turn of the century, will begin to emerge. It is quite possible that the insight of the 'new culture' which views the care recipient as a social hostage will become a generalized professional and public perception.

Both the general public and the specialized professional are beginning to be puzzled by the repetition compulsion of the care giver/care receiver encounter. They are asking, "Why does this encounter go on and on, with no endpoint solution? Why do the numbers of individuals engaged in the encounter continue to increase exponentially, even out of proportion to the increase in population? Why are we burdened with a greater sense of serious human problems than we had a century ago?" In spite of the spiraling increase in funding, training, facilities, etc., the typical dyadic encounter does not appear to solve anything, to end anything. Therefore, deep unrest is being felt with respect to the social service policy which has been pursued so assiduously since the late antebellum period. The caretaking enterprise needs total reexamination. Why continue to build facilities and programs? Why increase appropriations? Why continue to train caretakers?

These questions will very likely bring the whole caretaking enterprise into the public spotlight over the next decade and motivate sweeping reform demands. When this public discomfort over caretaking solutions is combined with the searching criticisms of the antithesis camp, we are likely to see a new social dynamic emerge upon the national scene.

The care giving process will be seen as a social ritual, compulsively repeating itself without problem resolution. The dyadic exchange will begin to stand out as a mask for deeper anthropological conflicts in our national history and as a vehicle for socialization of individual members of the society. Powerful historical incompatibilities (e.g., between concepts of a melting pot and a pluralistic society, between rugged individualism and egalitarianism, between the Protestant ethic and the four freedoms, etc.) will be unveiled

as variables in the care giving process. Individual differences and individual variance will emerge as antithetical to much of the labeling and treatment process.

If it becomes a public perception that the caretaking-receiving ritual is a way of putting off or denying incompatibilities in our historical, social and individual dynamics, the hostage concept will take on increased power and lead to social action. The whole human service field would then be transformed.

Major changes in the next decade will result in experiencing ourselves and others to new depths. A segment of society has already begun this exploration. This is a daring exploit, a courageous move beyond the socialized parameters of socially accepted reality. This segment has moved upon the psychological plane of existence and is exploring the uncharted wilderness of experience in ways which, in the past, have been the exclusive preserve of a handful of writers and a few social scientists. They have put aside all preconceptions of the way things are. They are launched into discovery of self and others, into recovery of what they can be and what others will be in relationship to that recovered self.

This freedom to experience is having, and will continue to have, an impact upon caring and caretaking in the immediate future. To experience ourselves directly, without an overlay of preconditioning, is to experience others more directly, without the ritual of coded thoughts and behaviors. Each person is a new instance. A new instance cannot be coded, but must be experienced. To move into new instances, and to experience each human moment, is to break out of confinement, out of class and classification of treatment mode, of imposing structure.

The next decade may well witness increasing numbers of professionals slipping their system harness, separating themselves from their environmental and operational bindings. There could be increasing variability in unique encounters between carer and client, a redirection of caring energy away from professional rituals and into direct responsiveness to people.

There will be a beginning erosion of the belief in 'normality' as used in the area of child variance. Studies of any particular professionally recognized condition such as mental illness, delinquency, schizophrenia, learning disability, etc., raises serious questions about professional or scientific consensus with respect to the certifiability of such conditions. There is spreading suspicion that normality is a constructed fiction when applied to human problems in living, an abstraction poorly related to human experience. This growing conviction is fed by a recognition that professionals have selected out the most extreme and purest case of any particular problem in living, and have generalized to a large-scale target population which bears the faintest resemblance to that tiny representative group.

There is so much overlap between the various categorical conditions, so many exceptions to the basic criteria in any categorized individual, that norms become impossible to apply in the idiosyncratic life of that individual. Individual resolutions, individual changes, do not seem to flow from such enforced applications.

This growing disenchantment with such measuring rods could well result in the disuse of normality criteria. The implication of this development for such processes as diagnosis, treatment, etc., are so profound that it could well overturn the total caretaking enterprise. Therefore, thesis proponents should start planning alternative strategies in the face of this potential eventuality. We may well be moving into a new era of postnormal psychology.

Within the next decade we can expect an acceleration of the declassification effort. Resistance to categories will probably increase and the move to decategorize will grow stronger. There will probably be much backing and filling in this effort, but the net effect will be an undermining of systems of classification and differentiation. If this does occur, as predicted, one of the key interlocks of the whole caretaking apparatus will be freed and thus, multiple windows in the whole vast caring enterprise will open to fresh breezes and inputs. The classification system is a keystone which binds the whole apparatus together.

The mounting evidence against the validity of any single category, such as mental illness, retardation, learning disability, etc., is authenticating the internal perceptions and feelings of caretakers as they go about their jobs. They are therefore responsive to this evidence. The impact of behavioral theory in shaking the conviction that we can diagnose behavior independent of contexts in which it occurs, is another chip in the classification edifice. The rejection of various target groups, the mounting social outrage against verbal niching of people, are all part of this declassification movement.

The ramifications are enormous. Power and economic control have been closely tied to classification and differentiation. There is bound to be strong resistance to declassification from the specific individuals and groups concerned with particular categories. However, the larger society may well overrule these individuals and groups. Thus, linguistic control and image setting will be undermined, and alternatives to present categorization must be proposed.

<u>There will be increasing pressure toward deinstitutionalization in both the mental health system and the corrections system.</u> Not only has the trend toward institutionalization been halted, but questions have been raised about demolishing some of the existing edifices in the society. Just as Alcatraz was abandoned, other similar buildings for retarded, mentally ill and delinquent youth will probably be abandoned in the next decade.

This movement toward deinstitutionalization is, in all probability, not an isolated phenomenon, nor one specific to particular kinds of institutions. The trend is spreading beyond such specific foci. The public litigation and the professional pressure against self-contained classes for exceptional children is part of this deinstitutionalization movement. The experiments with 'schools without walls,' taking place in many settings across the country, and the rational and experimental attacks upon more global social institutional forms, such as public education, public welfare and medicine, can reasonably be grouped with the more specific indicators of deinstitutionalization.

The antithesis groups are laying the foundation for pluralistic alternatives to existing caretaking systems. Their experimental substitutes and new living arrangements are paving the way for multicultural, multisetting expressions of the individual and social impulse to caring. They oppose single solutions, giant, monolithic systems of unidimensional nature, such as public schools, public welfare departments, organized medicine, public mental health, and federal and state corrections. Their social inventions serve parallel functions to existing institutions and facilities.

It is conceivable that within the next decade we may begin to see the separation between state and caretaking functions. The precedent of Church-State separation makes this nation a setting in which such a cleavage could occur. The strong force toward deinstitutionalization of caretaking could lead naturally to a concerted effort to take caring out of the hands of the state, as it was taken out of the hands of the monasteries in the Twelfth to Fourteenth Centuries. It might, instead, be lodged in many socio-cultural centers, such as unions, ethnic groups, cultural groups, life-style groups, etc.

In the next decade there will be strong moves to debureaucratize care giving. There will be a strong move away from corporate caretaking and formal caretaking contracts. This means a trend away from the bureaucracies of education and human services. The bureaucratic form involves a systematic administration, characterized by specialization of function, objective qualifications of personnel to serve those functions, a hierarchy of authority, a vertical organizational structure, and action according to fixed rules.

During the next ten years a new trend will begin to modify this form of organization. Vertical authority will be more sharply questioned. Fixed rules will come under scrutiny. The question will be raised as to whether theoretical human experience of care giving and care receiving can ever be incorporated in a bureaucratic system of organization. It will be argued that such structuring of human experience, rather than liberating and intensifying the

mutual care exchange, tends to promote violence. The violence which prisons, mental hospitals, institutions for the retarded, and correctional facilities perpetrate both upon the hostage and the caretaker is the ultimate expression of this tendency.

We will see an increasing tension around professionalism. The organized influence of the current professional guilds and the strength which they can muster for self-maintenance will weaken. In the next decade, in spite of increased organizational energy and protective legislation, the professional guilds will be under attack from many directions. The extent to which such deceleration of professionalism will occur is difficult to predict. However, certain trends seem very clear. The sharp distinctions among the different professional disciplines are beginning to blur and the impulse toward interdisciplinary functioning is growing stronger. Many professionals are beginning to defect from their disciplinary organizations, or they are forming competing or alternative groupings. The position of the American Medical Association in the society will provide a good barometer of the future of guilds.

Guild organizations are becoming stronger, and are moving in the direction of collective bargaining units such as NEA, AAUP, etc. If they move away from concentration upon professionalism and toward focus on economic issues, and work conditions, they will become unions rather than professional guilds. We are likely, then, to see coalitions of professional guilds as bargaining units.

Since NEA has already moved in this direction, it is possible that CEC will, in the future, adopt the same function. If so, the professional nature of CEC will change. When, and if, this happens, the antithesis attack upon scientific-pretension and the tendency to mystify professional skills will have greater public salience and impact.

The next decade will usher in multiple experiments with mutual covenants in which small, distinctive groups of individuals will pledge themselves to total care of each other. These will be personal covenants rather than public contracts.

Such mutual pledges have been made by small isolated groups throughout history. The United States has had periodic waves of groups joining themselves in community. In the past, however, these waves have moved counter to the main flow of social development. Today, there is an avid search for connectedness at all levels of society and in all corners of the country. It takes pluralistic forms, with multiple types of cooperative and collective arrangements being forged among previously isolated individuals. Unlike times past, there is a general social movement today toward a pluralistic society. with differentiated, personal, intense group identities, and the development of mutually experienced commitments. Such a social movement provides sympathetic soil upon which to establish covenants for mutual caretaking. Even the most careful thesist is becoming wary of large caretaking monopolies and finds the concept of self-help groups to be very attractive.

Generally, then, the trend of caring and care giving will be away from separation, differentiation, and therapeutic isolation. The wholistic philosophy, the total view, the ecological perspective will begin to assert itself as a dominant force in caring. 'Community' will take on new meaning. Succorance and solicitude will have new expression in the daily, open spaces of living groups, rather than finding its expression in isolation from the group. The group will face its fears of its own humanity as a group rather than either suffering in private separateness or forming a collective conspiracy to project its fears upon special social hostages. The 'open community' will become a value, a goal, an ideal, toward which the group will strive. People will vigorously search for community, vigorously educate themselves to live in communities. Man will enter into the psychological era, an era in which the axis of being will shift from economic-political man to psychological man. The Age of Aquarius will be the age of psychic reality. Man will begin to own himself as well as to own his universe.

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